



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="591469.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="708348.73"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="185028.80"/>	<input type="text" value="379520.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="893377.53"/>	<input type="text" value="970990.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77471.90"/>	<input type="text" value="155084.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="815905.63"/>	<input type="text" value="815905.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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		
(i) Itemized (use Schedule A).....	76681.15	150054.85
(ii) Unitemized .....	108127.71	228999.71
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	184808.86	379054.56
(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) .....	184808.86	379054.56
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	219.94	466.42
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 Transfers (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))..... ▶	185028.80	379520.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	185028.80	379520.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	1125.00	6525.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1125.00	6525.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	97000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	202.00	1014.00
(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)).....	202.00	1014.00
29. Other Disbursements .....	30144.90	50545.39
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	77471.90	155084.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77471.90	155084.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	184808.86	379054.56
34. Total Contribution Refunds (from Line 28(d)) .....	202.00	1014.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	184606.86	378040.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1125.00	6525.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1125.00	6525.00

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

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

FOR LINE NUMBER: PAGE 6 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JASON ADAMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9810 E 42ND ST #210  
 City TULSA State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6042912**  
 Amount of Each Receipt this Period  
 100.00

**B. JASON ADAMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9810 E 42ND ST #210  
 City TULSA State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6042913**  
 Amount of Each Receipt this Period  
 100.00

**C. JASON ADAMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9810 E 42ND ST #210  
 City TULSA State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6042914**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JASON ADAMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9810 E 42ND ST #210  
 City TULSA State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174571**  
 Amount of Each Receipt this Period  
 100.00

**B. JASON ADAMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9810 E 42ND ST #210  
 City TULSA State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174572**  
 Amount of Each Receipt this Period  
 100.00

**C. JASON ADAMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9810 E 42ND ST #210  
 City TULSA State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174573**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 302
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Walter Allen</b>		Date of Receipt
Mailing Address 7419 Cuvier St		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5948287</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="140.00"/>
Name of Employer	Occupation	
OPEIU, LOCAL NO.30	Executive Director/Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Walter Allen</b>		Date of Receipt
Mailing Address 7419 Cuvier St		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6003522</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
OPEIU, LOCAL NO.30	Executive Director/Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Walter Allen</b>		Date of Receipt
Mailing Address 7419 Cuvier St		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6053109</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
OPEIU, LOCAL NO.30	Executive Director/Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Walter Allen</b>		Date of Receipt
Mailing Address 7419 Cuvier St		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6141728</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
OPEIU, LOCAL NO.30	Executive Director/Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Walter Allen</b>		Date of Receipt
Mailing Address 7419 Cuvier St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6181955</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
OPEIU, LOCAL NO.30	Executive Director/Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Walter Allen</b>		Date of Receipt
Mailing Address 7419 Cuvier St		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6187712</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
OPEIU, LOCAL NO.30	Executive Director/Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Walter Allen</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2013 <b>Transaction ID : C6203455</b>
Mailing Address 7419 Cuvier St		Amount of Each Receipt this Period 40.00
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, LOCAL NO.30	Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>B. Richard JR Altig JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6039479</b>
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

Full Name (Last, First, Middle Initial) <b>C. Richard JR Altig JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6039480</b>
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	872.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Richard JR Altig JR</b>			Date of Receipt
Mailing Address 15440 Bel-Red Rd			<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6039481</b>
Redmond	WA	98052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="416.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4992.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Richard JR Altig JR</b>			Date of Receipt
Mailing Address 15440 Bel-Red Rd			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6172166</b>
Redmond	WA	98052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="416.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4992.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Richard JR Altig JR</b>			Date of Receipt
Mailing Address 15440 Bel-Red Rd			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6172167</b>
Redmond	WA	98052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="416.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4992.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1248.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Richard JR Altig JR</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013
Mailing Address 15440 Bel-Red Rd		<b>Transaction ID : C6172168</b>
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.00	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

Full Name (Last, First, Middle Initial) <b>B. DIEGO R ARANGOPUERTA</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013
Mailing Address 13902 BROADWING DR		<b>Transaction ID : C6041100</b>
City ORLANDO	State FL	Zip Code 32837
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>C. DIEGO R ARANGOPUERTA</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013
Mailing Address 13902 BROADWING DR		<b>Transaction ID : C6041101</b>
City ORLANDO	State FL	Zip Code 32837
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	616.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DIEGO R ARANGOPUERTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 13902 BROADWING DR

City ORLANDO State FL Zip Code 32837

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6041102**

Amount of Each Receipt this Period  
 100.00

**B. DIEGO R ARANGOPUERTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 13902 BROADWING DR

City ORLANDO State FL Zip Code 32837

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6173472**

Amount of Each Receipt this Period  
 100.00

**C. DIEGO R ARANGOPUERTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 13902 BROADWING DR

City ORLANDO State FL Zip Code 32837

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6173473**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DIEGO R ARANGOPUERTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13902 BROADWING DR  
 City ORLANDO State FL Zip Code 32837  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1100.00

Date of Receipt 11 / 05 / 2013  
 Transaction ID : C6173474  
 Amount of Each Receipt this Period 100.00

**B. SIMON A ARIAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 INDIAN MEADOW DR  
 City MARS State PA Zip Code 16046  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 900.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6042608  
 Amount of Each Receipt this Period 100.00

**C. SIMON A ARIAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 INDIAN MEADOW DR  
 City MARS State PA Zip Code 16046  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 900.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6042609  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 15 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. SIMON A ARIAS**

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**09 / 05 / 2013**  
**Transaction ID : C6042610**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. SIMON A ARIAS**

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**11 / 05 / 2013**  
**Transaction ID : C6174396**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. SIMON A ARIAS**

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**11 / 05 / 2013**  
**Transaction ID : C6174397**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. SIMON A ARIAS**

Mailing Address 103 INDIAN MEADOW DR

City MARS	State PA	Zip Code 16046
--------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174398**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Malka Arony**

Mailing Address 3217 E Tonto Ln

City Phoenix	State AZ	Zip Code 85050
-----------------	-------------	-------------------

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 ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038356**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Malka Arony**

Mailing Address 3217 E Tonto Ln

City Phoenix	State AZ	Zip Code 85050
-----------------	-------------	-------------------

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 ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171079**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Dennis R Arrington</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2013 <b>Transaction ID : C5948562</b>
Mailing Address 2222 Bull St		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	C	
Name of Employer Local 4873	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Dennis R Arrington</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2013 <b>Transaction ID : C5991753</b>
Mailing Address 2222 Bull St		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	C	
Name of Employer Local 4873	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Dennis R Arrington</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C6053182</b>
Mailing Address 2222 Bull St		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	C	
Name of Employer Local 4873	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Dennis R Arrington</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2013 <b>Transaction ID : C6125291</b>
Mailing Address 2222 Bull St		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	C	
Name of Employer Local 4873	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Dennis R Arrington</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6182074</b>
Mailing Address 2222 Bull St		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	C	
Name of Employer Local 4873	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Dennis R Arrington</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2013 <b>Transaction ID : C6196966</b>
Mailing Address 2222 Bull St		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	C	
Name of Employer Local 4873	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lolita Babaran</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2013 <b>Transaction ID : C5948291</b>
Mailing Address 1549 Apache Dr Unit C		Amount of Each Receipt this Period 75.00
City Chula Vista	State CA	Zip Code 91910-7191
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU Local 30	Occupation clerk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Lolita Babaran</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2013 <b>Transaction ID : C6003505</b>
Mailing Address 1549 Apache Dr Unit C		Amount of Each Receipt this Period 20.00
City Chula Vista	State CA	Zip Code 91910-7191
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU Local 30	Occupation clerk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Lolita Babaran</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2013 <b>Transaction ID : C6053103</b>
Mailing Address 1549 Apache Dr Unit C		Amount of Each Receipt this Period 25.00
City Chula Vista	State CA	Zip Code 91910-7191
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU Local 30	Occupation clerk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lolita Babaran</b>		Date of Receipt
Mailing Address 1549 Apache Dr Unit C		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Chula Vista State CA Zip Code 91910-7191		<b>Transaction ID : C6141666</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU Local 30 Occupation clerk		<input type="text" value=""/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="20.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="275.00"/>

Full Name (Last, First, Middle Initial) <b>B. Lolita Babaran</b>		Date of Receipt
Mailing Address 1549 Apache Dr Unit C		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Chula Vista State CA Zip Code 91910-7191		<b>Transaction ID : C6182024</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU Local 30 Occupation clerk		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="275.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="275.00"/>

Full Name (Last, First, Middle Initial) <b>C. JAMES BAILEY</b>		Date of Receipt
Mailing Address 1103 N 25TH ST		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City OZARK State MO Zip Code 65721		<b>Transaction ID : C6040315</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer National Income Life Insurance Occupation Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="1200.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="1200.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="145.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JAMES BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1103 N 25TH ST

City OZARK	State MO	Zip Code 65721
---------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6040316**

Amount of Each Receipt this Period  
100.00

**B. JAMES BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1103 N 25TH ST

City OZARK	State MO	Zip Code 65721
---------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6040317**

Amount of Each Receipt this Period  
100.00

**C. JAMES BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1103 N 25TH ST

City OZARK	State MO	Zip Code 65721
---------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6172881**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 302
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JAMES BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1103 N 25TH ST  
City OZARK State MO Zip Code 65721  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : C6172882**  
Amount of Each Receipt this Period **100.00**

**B. JAMES BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1103 N 25TH ST  
City OZARK State MO Zip Code 65721  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : C6172883**  
Amount of Each Receipt this Period **100.00**

**C. Lena Bailey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3201 Cherry Ridge St.,Ste.A109  
City San Antonio State TX Zip Code 78245  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU, Local 4873 Occupation Bus. Rep.  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 03 / 2013**  
**Transaction ID : C5948563**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2013

**Transaction ID : C5991754**

Amount of Each Receipt this Period  

50.00
-------

**B. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2013

**Transaction ID : C6053183**

Amount of Each Receipt this Period  

50.00
-------

**C. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2013

**Transaction ID : C6125292**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 302
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6182075**

Amount of Each Receipt this Period  

50.00
-------

**B. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

**Transaction ID : C6196967**

Amount of Each Receipt this Period  

50.00
-------

**C. Mark Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 771 Bajo Ct

City Chula Vista	State CA	Zip Code 91910
---------------------	-------------	-------------------

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

Name of Employer OPEIU #30	Occupation Bus. Agent
-------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2013

**Transaction ID : C5948293**

Amount of Each Receipt this Period  

75.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Mark Bailey</b>		Date of Receipt
Mailing Address 771 Bajo Ct		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chula Vista	CA	91910
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6003519</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
OPEIU #30	Bus. Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="295.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mark Bailey</b>		Date of Receipt
Mailing Address 771 Bajo Ct		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chula Vista	CA	91910
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6053106</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU #30	Bus. Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="295.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mark Bailey</b>		Date of Receipt
Mailing Address 771 Bajo Ct		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chula Vista	CA	91910
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6141745</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU #30	Bus. Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="295.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 771 Bajo Ct

City Chula Vista	State CA	Zip Code 91910
---------------------	-------------	-------------------

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

Name of Employer OPEIU #30	Occupation Bus. Agent
-------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6182033**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Mark Bailey**

Mailing Address 771 Bajo Ct

City Chula Vista	State CA	Zip Code 91910
---------------------	-------------	-------------------

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

Name of Employer OPEIU #30	Occupation Bus. Agent
-------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203453**

Amount of Each Receipt this Period  
15.00

Full Name (Last, First, Middle Initial)  
**C. Annette Baxter**

Mailing Address 765 Taft Ave

City El Cajon	State CA	Zip Code 92020-6444
------------------	-------------	------------------------

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

Name of Employer OPEIU Local 30	Occupation Business Agent
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 11 / 2013  
**Transaction ID : C5948295**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Annette Baxter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 765 Taft Ave  
 City El Cajon State CA Zip Code 92020-6444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 08 / 12 / 2013  
**Transaction ID : C6003506**  
 Amount of Each Receipt this Period  
 20.00

**B. Annette Baxter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 765 Taft Ave  
 City El Cajon State CA Zip Code 92020-6444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 09 / 04 / 2013  
**Transaction ID : C6053102**  
 Amount of Each Receipt this Period  
 25.00

**C. Annette Baxter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 765 Taft Ave  
 City El Cajon State CA Zip Code 92020-6444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 10 / 10 / 2013  
**Transaction ID : C6141667**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Annette Baxter</b>		Date of Receipt
Mailing Address 765 Taft Ave		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
El Cajon	CA	92020-6444
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6182025</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU Local 30	Business Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="285.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Michelle M Baxter</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6042838</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michelle M Baxter</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6174518</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 29 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Stephen P Bendure**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 Baneberry Dr  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039413**  
 Amount of Each Receipt this Period  
 30.00

**B. Stephen P Bendure**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 Baneberry Dr  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039414**  
 Amount of Each Receipt this Period  
 30.00

**C. Stephen P Bendure**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 Baneberry Dr  
 City State Zip Code  
 Westerville OH 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039415**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 30 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Stephen P Bendure**

Mailing Address 6100 Baneberry Dr

City State Zip Code  
 Westerville OH 43082

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

Name of Employer Occupation  
 American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172101**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Stephen P Bendure**

Mailing Address 6100 Baneberry Dr

City State Zip Code  
 Westerville OH 43082

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

Name of Employer Occupation  
 American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172102**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Stephen P Bendure**

Mailing Address 6100 Baneberry Dr

City State Zip Code  
 Westerville OH 43082

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

Name of Employer Occupation  
 American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172103**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Yaroslav Bitman</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038438</b>
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27614
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Yaroslav Bitman</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038439</b>
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27614
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Yaroslav Bitman</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038440</b>
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27614
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 ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Yaroslav Bitman</b>		Date of Receipt
Mailing Address 4704 Saratoga Falls Ln		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Raleigh NC 27614		<b>Transaction ID : C6171163</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
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 ▼ <input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Yaroslav Bitman</b>		Date of Receipt
Mailing Address 4704 Saratoga Falls Ln		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Raleigh NC 27614		<b>Transaction ID : C6171164</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
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 ▼ <input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Yaroslav Bitman</b>		Date of Receipt
Mailing Address 4704 Saratoga Falls Ln		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Raleigh NC 27614		<b>Transaction ID : C6171165</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
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 ▼ <input type="text" value="1200.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. David E Blaisdell</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038672</b>
Mailing Address 537 Hogan Branch Rd		Amount of Each Receipt this Period 90.00
City Goodlettsville	State TN	Zip Code 37072
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	
Occupation Insurance Agent		Aggregate Year-to-Date ▼ 330.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David E Blaisdell</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6171396</b>
Mailing Address 537 Hogan Branch Rd		Amount of Each Receipt this Period 90.00
City Goodlettsville	State TN	Zip Code 37072
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	
Occupation Insurance Agent		Aggregate Year-to-Date ▼ 330.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lisa Blake</b>		Date of Receipt MM / DD / YYYY 07 / 30 / 2013 <b>Transaction ID : C5981686</b>
Mailing Address 30445 Fox Club Drive		Amount of Each Receipt this Period 48.00
City Farmington Hills	State MI	Zip Code 48331-1953
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU Local 42	
Occupation President		Aggregate Year-to-Date ▼ 312.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	228.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Lisa Blake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30445 Fox Club Drive

City Farmington Hills	State MI	Zip Code 48331-1953
--------------------------	-------------	------------------------

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

Name of Employer OPEIU Local 42	Occupation President
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2013

**Transaction ID : C6123587**

Amount of Each Receipt this Period  
30.00

**B. Lisa Blake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30445 Fox Club Drive

City Farmington Hills	State MI	Zip Code 48331-1953
--------------------------	-------------	------------------------

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

Name of Employer OPEIU Local 42	Occupation President
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

**Transaction ID : C6152653**

Amount of Each Receipt this Period  
24.00

**C. Lisa Blake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30445 Fox Club Drive

City Farmington Hills	State MI	Zip Code 48331-1953
--------------------------	-------------	------------------------

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

Name of Employer OPEIU Local 42	Occupation President
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

**Transaction ID : C6196957**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Lisa Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30445 Fox Club Drive  
 City Farmington Hills State MI Zip Code 48331-1953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 42 Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : C6196959**  
 Amount of Each Receipt this Period  
 24.00

**B. Paul Bohelski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8800 Elbe Trail  
 City Ft. Worth State TX Zip Code 76118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Senior Int'l Rep.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2013  
**Transaction ID : C5978051**  
 Amount of Each Receipt this Period  
 30.00

**C. Paul Bohelski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8800 Elbe Trail  
 City Ft. Worth State TX Zip Code 76118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Senior Int'l Rep.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003761**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Paul Bohelski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 20 / 2013 <b>Transaction ID : C6056293</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 30.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU	Occupation Senior Int'l Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Bohelski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2013 <b>Transaction ID : C6147580</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 30.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU	Occupation Senior Int'l Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C. Paul Bohelski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2013 <b>Transaction ID : C6187859</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 45.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU	Occupation Senior Int'l Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 302
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Paul Bohelski</b>		Date of Receipt
Mailing Address 8800 Elbe Trail		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ft. Worth	TX	76118
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6203532</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
OPEIU	Senior Int'l Rep.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John Brenton IV</b>		Date of Receipt
Mailing Address 2222 Bull Street Suite 200		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5948564</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Local 4873	Sec.-Treas.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Brenton IV</b>		Date of Receipt
Mailing Address 2222 Bull Street Suite 200		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5991755</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Local 4873	Sec.-Treas.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. John Brenton IV</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C6053184</b>
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer Local 4873	Occupation Sec.-Treas.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. John Brenton IV</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2013 <b>Transaction ID : C6125293</b>
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer Local 4873	Occupation Sec.-Treas.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. John Brenton IV</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6182077</b>
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer Local 4873	Occupation Sec.-Treas.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. John Brenton IV</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2013 <b>Transaction ID : C6196968</b>
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer Local 4873	Occupation Sec.-Treas.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa Bundnick</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2013 <b>Transaction ID : C5948567</b>
Mailing Address 2222 Bull St		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, Local #4873	Occupation Ex. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Bundnick</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 05 / 2013 <b>Transaction ID : C5991758</b>
Mailing Address 2222 Bull St		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, Local #4873	Occupation Ex. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 302
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lisa Bundnick</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>C6053187</b>
OPEIU, Local #4873	Ex. Secretary	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>B. Lisa Bundnick</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>C6125296</b>
OPEIU, Local #4873	Ex. Secretary	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>C. Lisa Bundnick</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>C6182078</b>
OPEIU, Local #4873	Ex. Secretary	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Lisa Bundnick**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation Ex. Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 04 / 2013  
**Transaction ID : C6196971**

Amount of Each Receipt this Period  
25.00

**B. Juliet Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Howard Grove Ct

City Davidsonville State MD Zip Code 21035-1246

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

Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
07 / 16 / 2013  
**Transaction ID : C5978030**

Amount of Each Receipt this Period  
30.00

**C. Juliet Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Howard Grove Ct

City Davidsonville State MD Zip Code 21035-1246

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

Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
08 / 12 / 2013  
**Transaction ID : C6003746**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Juliet Casey</b>		Date of Receipt
Mailing Address 1015 Howard Grove Ct		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Davidsonville	MD	21035-1246
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6056278</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
OPEIU S-T's Office	ASSIST. TO ST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="410.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Juliet Casey</b>		Date of Receipt
Mailing Address 1015 Howard Grove Ct		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Davidsonville	MD	21035-1246
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6147563</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
OPEIU S-T's Office	ASSIST. TO ST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="410.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Juliet Casey</b>		Date of Receipt
Mailing Address 1015 Howard Grove Ct		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Davidsonville	MD	21035-1246
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6187831</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>
Name of Employer	Occupation	
OPEIU S-T's Office	ASSIST. TO ST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="410.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Juliet Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Howard Grove Ct

City Davidsonville State MD Zip Code 21035-1246

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

Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 12 / 16 / 2013  
**Transaction ID : C6203517**

Amount of Each Receipt this Period  
 300.00

**B. Juliet Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Howard Grove Ct

City Davidsonville State MD Zip Code 21035-1246

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

Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 12 / 26 / 2013  
**Transaction ID : C6209473**

Amount of Each Receipt this Period  
 20.00

**C. SAMANTHA X CHUI**  
Full Name (Last, First, Middle Initial)

Mailing Address 2327 TALLAPOOSA DR

City DULUTH State GA Zip Code 30097

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039982**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 302  
(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"/> 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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. SAMANTHA X CHUI**

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code  
DULUTH GA 30097

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

Name of Employer Occupation  
National Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039983**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. SAMANTHA X CHUI**

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code  
DULUTH GA 30097

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

Name of Employer Occupation  
National Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039984**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. SAMANTHA X CHUI**

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code  
DULUTH GA 30097

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

Name of Employer Occupation  
National Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172615**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. SAMANTHA X CHUI</b>		Date of Receipt
Mailing Address 2327 TALLAPOOSA DR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : C6172616</b>
DULUTH	GA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="100.00"/>
30097		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SAMANTHA X CHUI</b>		Date of Receipt
Mailing Address 2327 TALLAPOOSA DR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : C6172617</b>
DULUTH	GA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="100.00"/>
30097		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert A Chun</b>		Date of Receipt
Mailing Address Po Box 29329		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : C6039399</b>
Honolulu	HI	Amount of Each Receipt this Period
Zip Code		<input type="text" value="25.00"/>
96820		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Robert A Chun**  
Full Name (Last, First, Middle Initial)  
Mailing Address Po Box 29329  
City Honolulu State HI Zip Code 96820  
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 ▼ 225.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6039400  
Amount of Each Receipt this Period 25.00

**B. Robert A Chun**  
Full Name (Last, First, Middle Initial)  
Mailing Address Po Box 29329  
City Honolulu State HI Zip Code 96820  
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 ▼ 225.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172088  
Amount of Each Receipt this Period 25.00

**C. Timothy D Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 B'S and K'S Rd  
City Galena State OH Zip Code 43021  
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 ▼ 360.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6039416  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 OF 302  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Timothy D Clark**

Mailing Address 861 B'S and K'S Rd

City Galena      State OH      Zip Code 43021

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 ▼ **360.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039417**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**B. Timothy D Clark**

Mailing Address 861 B'S and K'S Rd

City Galena      State OH      Zip Code 43021

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 ▼ **360.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039418**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**c. Timothy D Clark**

Mailing Address 861 B'S and K'S Rd

City Galena      State OH      Zip Code 43021

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 ▼ **360.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6172104**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Timothy D Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 B'S and K'S Rd  
 City Galena State OH Zip Code 43021  
 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 360.00

Date of Receipt 11 / 05 / 2013  
 Transaction ID : C6172105  
 Amount of Each Receipt this Period 30.00

**B. Timothy D Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 B'S and K'S Rd  
 City Galena State OH Zip Code 43021  
 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 360.00

Date of Receipt 11 / 05 / 2013  
 Transaction ID : C6172106  
 Amount of Each Receipt this Period 30.00

**C. Eric L Cochran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Se Princeton Pl  
 City Lees Summit State MO Zip Code 64081  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Insurance Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1200.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6039437  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Eric L Cochran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1301 Se Princeton PI  
City Lees Summit State MO Zip Code 64081  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Insurance Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6039438  
Amount of Each Receipt this Period 100.00

**B. Eric L Cochran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1301 Se Princeton PI  
City Lees Summit State MO Zip Code 64081  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Insurance Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6039439  
Amount of Each Receipt this Period 100.00

**C. Eric L Cochran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1301 Se Princeton PI  
City Lees Summit State MO Zip Code 64081  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Insurance Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172125  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 50 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Eric L Cochran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Se Princeton Pl  
 City Lees Summit State MO Zip Code 64081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance 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 Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172126**  
 Amount of Each Receipt this Period  
 100.00

**B. Eric L Cochran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Se Princeton Pl  
 City Lees Summit State MO Zip Code 64081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance 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 Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172127**  
 Amount of Each Receipt this Period  
 100.00

**C. David Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5700 Wilshire Blvd Ste 480  
 City Los Angeles State CA Zip Code 90036  
 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 ▼ 1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038728**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

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 ▼  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6038729**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

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 ▼  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6038730**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

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 ▼  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6171449**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. David Cohen</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171450</b>
Mailing Address 5700 Wilshire Blvd Ste 480		Amount of Each Receipt this Period 150.00
City Los Angeles	State CA	Zip Code 90036
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 ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. David Cohen</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171454</b>
Mailing Address 5700 Wilshire Blvd Ste 480		Amount of Each Receipt this Period 150.00
City Los Angeles	State CA	Zip Code 90036
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 ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>C. Micah Cohen</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6039461</b>
Mailing Address 5700 Wilshire Blvd Ste 480		Amount of Each Receipt this Period 150.00
City Los Angeles	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 53 OF 302  
(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"/> 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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039462**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Micah Cohen**

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039466**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Micah Cohen**

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6172146**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Micah Cohen</b>		Date of Receipt
Mailing Address 5700 Wilshire Blvd Ste 480		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172147</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Micah Cohen</b>		Date of Receipt
Mailing Address 5700 Wilshire Blvd Ste 480		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172148</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>C. John F Conley</b>		Date of Receipt
Mailing Address 10 Brannen Dr		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31410-1402
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6209503</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
OPEIU Local 4873	President	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="320.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. BRANDON C COOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 N CONCORD AVE  
 City CHANDLER State AZ Zip Code 85225  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6043516**  
 Amount of Each Receipt this Period  
 100.00

**B. BRANDON C COOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 N CONCORD AVE  
 City CHANDLER State AZ Zip Code 85225  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6043517**  
 Amount of Each Receipt this Period  
 100.00

**C. BRANDON C COOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4140 N CENTRAL AVE #600  
 City PHOENIX State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. C  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 700.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039915**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. BRANDON C COOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 N CONCORD AVE  
 City CHANDLER State AZ Zip Code 85225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175286**  
 Amount of Each Receipt this Period  
 100.00

**B. BRANDON C COOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 N CONCORD AVE  
 City CHANDLER State AZ Zip Code 85225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175287**  
 Amount of Each Receipt this Period  
 100.00

**C. BRANDON C COOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 N CONCORD AVE  
 City CHANDLER State AZ Zip Code 85225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175288**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Carmen Corral**  
Full Name (Last, First, Middle Initial)

Mailing Address 808 Caminito Del Reposo

City Carlsbad State CA Zip Code 92011-2403

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

Name of Employer OPEIU L 30 Occupation Executive Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2013  
**Transaction ID : C5948315**

Amount of Each Receipt this Period  
 90.00

**B. Carmen Corral**  
Full Name (Last, First, Middle Initial)

Mailing Address 808 Caminito Del Reposo

City Carlsbad State CA Zip Code 92011-2403

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

Name of Employer OPEIU L 30 Occupation Executive Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053101**

Amount of Each Receipt this Period  
 20.00

**C. Carmen Corral**  
Full Name (Last, First, Middle Initial)

Mailing Address 808 Caminito Del Reposo

City Carlsbad State CA Zip Code 92011-2403

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

Name of Employer OPEIU L 30 Occupation Executive Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : C6141791**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Carmen Corral</b>		Date of Receipt
Mailing Address 808 Caminito Del Reposo		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Carlsbad	CA	92011-2403
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6181954</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
OPEIU L 30	Executive Board	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. NIGEL A CROWE</b>		Date of Receipt
Mailing Address 16611 HIGHLAND SUMMIT DR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
WILDWOOD	MO	63011
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6042358</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="610.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. NIGEL A CROWE</b>		Date of Receipt
Mailing Address 16611 HIGHLAND SUMMIT DR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
WILDWOOD	MO	63011
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6042359</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="610.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. NIGEL A CROWE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042360**

Amount of Each Receipt this Period  

100.00
--------

**B. NIGEL A CROWE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6174267**

Amount of Each Receipt this Period  

100.00
--------

**C. NIGEL A CROWE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6174268**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. NIGEL A CROWE**  
Full Name (Last, First, Middle Initial)

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6174269**

Amount of Each Receipt this Period  
100.00

**B. JAMES X CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6041163**

Amount of Each Receipt this Period  
50.00

**C. JAMES X CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6041164**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JAMES X CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6041165**

Amount of Each Receipt this Period  

50.00
-------

**B. JAMES X CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173518**

Amount of Each Receipt this Period  

50.00
-------

**C. JAMES X CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173519**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JAMES X CUNNINGHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9880 WESTPOINT DR STE 500  
 City INDIANAPOLIS State IN Zip Code 46256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6173520**  
 Amount of Each Receipt this Period 50.00

**B. Kevin Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Morning Breeze Ct  
 City Silver Springs State MD Zip Code 20904  
 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 ▼ 1200.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6039548**  
 Amount of Each Receipt this Period 100.00

**C. Kevin Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Morning Breeze Ct  
 City Silver Springs State MD Zip Code 20904  
 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 ▼ 1200.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6039549**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Kevin Davis</b>			Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039550</b>		
Mailing Address 15 Morning Breeze Ct			Amount of Each Receipt this Period 100.00		
City Silver Springs	State MD	Zip Code 20904			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

Full Name (Last, First, Middle Initial) <b>B. Kevin Davis</b>			Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172227</b>		
Mailing Address 15 Morning Breeze Ct			Amount of Each Receipt this Period 100.00		
City Silver Springs	State MD	Zip Code 20904			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

Full Name (Last, First, Middle Initial) <b>C. Kevin Davis</b>			Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172228</b>		
Mailing Address 15 Morning Breeze Ct			Amount of Each Receipt this Period 100.00		
City Silver Springs	State MD	Zip Code 20904			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Kevin Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Morning Breeze Ct

City Silver Springs      State MD      Zip Code 20904

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 ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172229**

Amount of Each Receipt this Period  
100.00

**B. Scott R Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 34420 St Maron Blvd

City Avon      State OH      Zip Code 44011

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 ▼  
1015.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038850**

Amount of Each Receipt this Period  
100.00

**C. Scott R Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 34420 St Maron Blvd

City Avon      State OH      Zip Code 44011

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 ▼  
1015.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038851**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Scott R Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34420 St Maron Blvd  
City Avon State OH Zip Code 44011  
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 ▼ 1015.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038852**  
Amount of Each Receipt this Period 100.00

**B. Scott R Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34420 St Maron Blvd  
City Avon State OH Zip Code 44011  
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 ▼ 1015.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171563**  
Amount of Each Receipt this Period 100.00

**C. Scott R Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34420 St Maron Blvd  
City Avon State OH Zip Code 44011  
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 ▼ 1015.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171564**  
Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Scott R Davis</b>		Date of Receipt
Mailing Address 34420 St Maron Blvd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Avon	OH	44011
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6171565</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1015.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cara A Defiore</b>		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Machesney Park	IL	61115
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6038656</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
AMERICAN INCOME LIFE INSURANCE	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cara A Defiore</b>		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Machesney Park	IL	61115
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6038657</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
AMERICAN INCOME LIFE INSURANCE	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="180.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Cara A Defiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6038658**

Amount of Each Receipt this Period  
40.00

**B. Cara A Defiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6171381**

Amount of Each Receipt this Period  
40.00

**C. Cara A Defiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6171382**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

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

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

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

FOR LINE NUMBER: PAGE 68 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Cara A Defiore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4624 Terrang Trl  
 City Machesney Park State IL Zip Code 61115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171383**  
 Amount of Each Receipt this Period  
 40.00

**B. Jason P Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Blue Ridge Dr  
 City Moon Township State PA Zip Code 15108  
 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 M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038404**  
 Amount of Each Receipt this Period  
 25.00

**C. Jason P Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Blue Ridge Dr  
 City Moon Township State PA Zip Code 15108  
 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 M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038405**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 69 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Jason P Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Blue Ridge Dr  
 City Moon Township State PA Zip Code 15108  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038406**  
 Amount of Each Receipt this Period 25.00

**B. Jason P Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Blue Ridge Dr  
 City Moon Township State PA Zip Code 15108  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171128**  
 Amount of Each Receipt this Period 25.00

**C. Jason P Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Blue Ridge Dr  
 City Moon Township State PA Zip Code 15108  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171129**  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Jason P Dickson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 408 Blue Ridge Dr  
City Moon Township State PA Zip Code 15108  
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 11 / 05 / 2013  
**Transaction ID : C6171130**  
Amount of Each Receipt this Period 250.00

**B. Joseph Diecedue III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36146 Bluff Meadows Dr  
City Prairieville State LA Zip Code 70769  
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 ▼ 800.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6039446**  
Amount of Each Receipt this Period 100.00

**C. Joseph Diecedue III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36146 Bluff Meadows Dr  
City Prairieville State LA Zip Code 70769  
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 ▼ 800.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6039447**  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Joseph Diecedue III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36146 Bluff Meadows Dr  
 City Prairieville State LA Zip Code 70769  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039448**  
 Amount of Each Receipt this Period  
 100.00

**B. Joseph Diecedue III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36146 Bluff Meadows Dr  
 City Prairieville State LA Zip Code 70769  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172134**  
 Amount of Each Receipt this Period  
 100.00

**C. Joseph Diecedue III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36146 Bluff Meadows Dr  
 City Prairieville State LA Zip Code 70769  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172135**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

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

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Exec. Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
07 / 03 / 2013  
**Transaction ID : C5948565**

Amount of Each Receipt this Period  
100.00

**B. Cindy Diehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Exec. Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
08 / 05 / 2013  
**Transaction ID : C5991756**

Amount of Each Receipt this Period  
100.00

**C. Cindy Diehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Exec. Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
09 / 04 / 2013  
**Transaction ID : C6053185**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Cindy Diehm</b>		Date of Receipt
Mailing Address 2222 Bull Street Suite 200		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6125294</b>
Name of Employer Local 4873		Amount of Each Receipt this Period
Occupation Exec. Board		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Cindy Diehm</b>		Date of Receipt
Mailing Address 2222 Bull Street Suite 200		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6182079</b>
Name of Employer Local 4873		Amount of Each Receipt this Period
Occupation Exec. Board		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Cindy Diehm</b>		Date of Receipt
Mailing Address 2222 Bull Street Suite 200		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6196969</b>
Name of Employer Local 4873		Amount of Each Receipt this Period
Occupation Exec. Board		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1200.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 74 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DESI DIMITROVA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2286 SLOAN DR  
 City LA VERNE State CA Zip Code 91750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6041823**  
 Amount of Each Receipt this Period  
 100.00

**B. DESI DIMITROVA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2286 SLOAN DR  
 City LA VERNE State CA Zip Code 91750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6041824**  
 Amount of Each Receipt this Period  
 10.00

**C. DESI DIMITROVA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2286 SLOAN DR  
 City LA VERNE State CA Zip Code 91750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6041825**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DESI DIMITROVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2286 SLOAN DR

City LA VERNE State CA Zip Code 91750

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6173950**

Amount of Each Receipt this Period

**B. DESI DIMITROVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2286 SLOAN DR

City LA VERNE State CA Zip Code 91750

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6173951**

Amount of Each Receipt this Period

**C. DESI DIMITROVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2286 SLOAN DR

City LA VERNE State CA Zip Code 91750

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6173952**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. WILLIAM DOBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2148 PELHAM PKWY STE 200

City PELHAM	State AL	Zip Code 35124
----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6043740**

Amount of Each Receipt this Period  
100.00

**B. WILLIAM DOBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2148 PELHAM PKWY STE 200

City PELHAM	State AL	Zip Code 35124
----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175558**

Amount of Each Receipt this Period  
100.00

**C. WILLIAM DOBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2148 PELHAM PKWY STE 200

City PELHAM	State AL	Zip Code 35124
----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175559**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 OF 302  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Mary Dunn**

Mailing Address 11300 Cinnamon Teal Dr

City Spotsylvania State VA Zip Code 22553

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**07 / 03 / 2013**

**Transaction ID : C5931428**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Mary Dunn**

Mailing Address 11300 Cinnamon Teal Dr

City Spotsylvania State VA Zip Code 22553

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**07 / 23 / 2013**

**Transaction ID : C5980043**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. Mary Dunn**

Mailing Address 11300 Cinnamon Teal Dr

City Spotsylvania State VA Zip Code 22553

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**08 / 21 / 2013**

**Transaction ID : C6025192**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 11300 Cinnamon Teal Dr

City Spotsylvania State VA Zip Code 22553

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2013  
**Transaction ID : C6125212**

Amount of Each Receipt this Period  
 30.00

**B. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 11300 Cinnamon Teal Dr

City Spotsylvania State VA Zip Code 22553

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6181871**

Amount of Each Receipt this Period  
 20.00

**C. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 11300 Cinnamon Teal Dr

City Spotsylvania State VA Zip Code 22553

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : C6210563**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. FELICIA M ELIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 WINDSWEPT DR

City FEASTERVILLE TR State PA Zip Code 19053

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6043837**

Amount of Each Receipt this Period  
 80.10

**B. FELICIA M ELIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 WINDSWEPT DR

City FEASTERVILLE TR State PA Zip Code 19053

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175671**

Amount of Each Receipt this Period  
 80.10

**C. FELICIA M ELIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 WINDSWEPT DR

City FEASTERVILLE TR State PA Zip Code 19053

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175672**

Amount of Each Receipt this Period  
 80.10

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Elizabeth S Farm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1033 Autumn Oaks Cir  
 City Collierville State TN Zip Code 38017  
 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 **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**  
**Transaction ID : C6038581**  
 Amount of Each Receipt this Period  
**60.00**

**B. Elizabeth S Farm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1033 Autumn Oaks Cir  
 City Collierville State TN Zip Code 38017  
 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 **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**  
**Transaction ID : C6171306**  
 Amount of Each Receipt this Period  
**60.00**

**C. Timothy Farr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43107 Ryegate St  
 City Canton State MI Zip Code 48187  
 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 **660.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**  
**Transaction ID : C6038542**  
 Amount of Each Receipt this Period  
**180.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Timothy Farr**  
Full Name (Last, First, Middle Initial)

Mailing Address 43107 Ryegate St

City Canton      State MI      Zip Code 48187

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 ▼ **660.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6171267**

Amount of Each Receipt this Period  
**180.00**

**B. Patrica Jean Foley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah      State GA      Zip Code 31401

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

Name of Employer OPEIU, Local #4873      Occupation Assistant Rep.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 03 / 2013**

**Transaction ID : C5948573**

Amount of Each Receipt this Period  
**25.00**

**C. Patrica Jean Foley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah      State GA      Zip Code 31401

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

Name of Employer OPEIU, Local #4873      Occupation Assistant Rep.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 05 / 2013**

**Transaction ID : C5991764**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 302
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Patrica Jean Foley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2222 Bull St  
City Savannah State GA Zip Code 31401  
FEC ID number of contributing federal political committee. C  
Name of Employer OPEIU, Local #4873 Occupation Assistant Rep.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 04 / 2013  
Transaction ID : C6053193  
Amount of Each Receipt this Period 25.00

**B. Patrica Jean Foley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2222 Bull St  
City Savannah State GA Zip Code 31401  
FEC ID number of contributing federal political committee. C  
Name of Employer OPEIU, Local #4873 Occupation Assistant Rep.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2013  
Transaction ID : C6125302  
Amount of Each Receipt this Period 25.00

**C. Patrica Jean Foley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2222 Bull St  
City Savannah State GA Zip Code 31401  
FEC ID number of contributing federal political committee. C  
Name of Employer OPEIU, Local #4873 Occupation Assistant Rep.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6182080  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Patrica Jean Foley</b>		Date of Receipt
Mailing Address 2222 Bull St		M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2013
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6196977</b>
C		Amount of Each Receipt this Period
		25.00
Name of Employer	Occupation	
OPEIU, Local #4873	Assistant Rep.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) <b>B. Donald Foti</b>		Date of Receipt
Mailing Address 4071 Port Chicago Hwy St 200		M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013
City	State	Zip Code
Concord	CA	94520
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6038749</b>
C		Amount of Each Receipt this Period
		200.00
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2400.00	

Full Name (Last, First, Middle Initial) <b>C. Donald Foti</b>		Date of Receipt
Mailing Address 4071 Port Chicago Hwy St 200		M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013
City	State	Zip Code
Concord	CA	94520
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6038750</b>
C		Amount of Each Receipt this Period
		200.00
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 84 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Donald Foti**

Mailing Address 4071 Port Chicago Hwy St 200

City State Zip Code  
 Concord CA 94520

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  
 09 / 05 / 2013  
**Transaction ID : C6038751**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Donald Foti**

Mailing Address 4071 Port Chicago Hwy St 200

City State Zip Code  
 Concord CA 94520

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  
 11 / 05 / 2013  
**Transaction ID : C6171467**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Donald Foti**

Mailing Address 4071 Port Chicago Hwy St 200

City State Zip Code  
 Concord CA 94520

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  
 11 / 05 / 2013  
**Transaction ID : C6171468**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Donald Foti</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171472</b>
Mailing Address 4071 Port Chicago Hwy St 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	Zip Code 94520
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 ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>B. CAMILLE J FRANCIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6042825</b>
Mailing Address PO Box 208		Amount of Each Receipt this Period 100.00
City Waco	State TX	Zip Code 76703
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. CAMILLE J FRANCIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6174509</b>
Mailing Address PO Box 208		Amount of Each Receipt this Period 75.00
City Waco	State TX	Zip Code 76703
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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Susan Fuldauer</b>		Date of Receipt
Mailing Address 7229 Kingman Cir		M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013
City	State	Zip Code
Indianapolis	IN	46256
FEC ID number of contributing federal political committee.	Transaction ID : <b>C6038424</b>	
	Amount of Each Receipt this Period	
	300.00	
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1100.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Fuldauer</b>		Date of Receipt
Mailing Address 7229 Kingman Cir		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City	State	Zip Code
Indianapolis	IN	46256
FEC ID number of contributing federal political committee.	Transaction ID : <b>C6171146</b>	
	Amount of Each Receipt this Period	
	300.00	
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1100.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CINDY FURER</b>		Date of Receipt
Mailing Address 15835 WINDROSE CT		M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013
City	State	Zip Code
SAN DIEGO	CA	92127
FEC ID number of contributing federal political committee.	Transaction ID : <b>C6044005</b>	
	Amount of Each Receipt this Period	
	150.00	
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	750.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. CINDY FURER**  
 Mailing Address 15835 WINDROSE CT  
 City State Zip Code  
 SAN DIEGO CA 92127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6044006**  
 Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**B. CINDY FURER**  
 Mailing Address 9220 FOSTORIA COURT  
 City State Zip Code  
 SAN DIEGO CA 92127  
 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 ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040973**  
 Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**C. CINDY FURER**  
 Mailing Address 15835 WINDROSE CT  
 City State Zip Code  
 SAN DIEGO CA 92127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175849**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. CINDY FURER**  
Full Name (Last, First, Middle Initial)

Mailing Address 15835 WINDROSE CT

City SAN DIEGO State CA Zip Code 92127

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6175850**

Amount of Each Receipt this Period  
**150.00**

**B. CINDY FURER**  
Full Name (Last, First, Middle Initial)

Mailing Address 15835 WINDROSE CT

City SAN DIEGO State CA Zip Code 92127

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6175851**

Amount of Each Receipt this Period  
**150.00**

**C. MARK S GAGLIARDI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1345 YOSEMITE CIR

City OAKLEY State CA Zip Code 94561

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039951**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **320.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. MARK S GAGLIARDI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1345 YOSEMITE CIR

City OAKLEY State CA Zip Code 94561

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

Name of Employer Occupation  
National Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : **C6039952**

Amount of Each Receipt this Period  
20.00

**B. MARK S GAGLIARDI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1345 YOSEMITE CIR

City OAKLEY State CA Zip Code 94561

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

Name of Employer Occupation  
National Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : **C6039953**

Amount of Each Receipt this Period  
20.00

**C. MARK S GAGLIARDI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1345 YOSEMITE CIR

City OAKLEY State CA Zip Code 94561

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

Name of Employer Occupation  
National Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 05 / 2013  
Transaction ID : **C6172585**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 302
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. MARK S GAGLIARDI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1345 YOSEMITE CIR

City OAKLEY State CA Zip Code 94561

FEC ID number of contributing federal political committee.

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : C6172586**

Amount of Each Receipt this Period

**B. MARK S GAGLIARDI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1345 YOSEMITE CIR

City OAKLEY State CA Zip Code 94561

FEC ID number of contributing federal political committee.

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : C6172587**

Amount of Each Receipt this Period

**C. ERIC GIGLIONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City Eatontown State NJ Zip Code 07724

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : C6044088**

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. ERIC GIGLIONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City Eatontown	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6044089**

Amount of Each Receipt this Period  
400.00

**B. ERIC GIGLIONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City Eatontown	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6044090**

Amount of Each Receipt this Period  
400.00

**C. ERIC GIGLIONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City Eatontown	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175960**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. ERIC GIGLIONE**

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City Eatontown	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6175961**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**B. ERIC GIGLIONE**

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City Eatontown	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6175962**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**C. DENISE E GILBERT**

Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703
--------------	-------------	-------------------

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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6040424**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 302
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DENISE E GILBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 208

City Waco State TX Zip Code 76703

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 ▼ **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6172966**

Amount of Each Receipt this Period  
**150.00**

**B. Marianne Giordano**  
Full Name (Last, First, Middle Initial)

Mailing Address 5585 Brunswick Ave

City San Diego State CA Zip Code 92120

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

Name of Employer OPEIU Local 30 Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2013**

**Transaction ID : C5948335**

Amount of Each Receipt this Period  
**160.00**

**C. Marianne Giordano**  
Full Name (Last, First, Middle Initial)

Mailing Address 5585 Brunswick Ave

City San Diego State CA Zip Code 92120

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

Name of Employer OPEIU Local 30 Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 04 / 2013**

**Transaction ID : C6053033**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City San Diego State CA Zip Code 92120		<b>Transaction ID : C6141729</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU Local 30 Occupation President		<input type="text" value="60.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City San Diego State CA Zip Code 92120		<b>Transaction ID : C6181958</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU Local 30 Occupation President		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City San Diego State CA Zip Code 92120		<b>Transaction ID : C6187713</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU Local 30 Occupation President		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Diego	CA	92120
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6203386</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>
Name of Employer	Occupation	
OPEIU Local 30	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joshua B Goodman</b>		Date of Receipt
Mailing Address 14009 West 30Th Ln		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Golden	CO	80401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6039382</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joshua B Goodman</b>		Date of Receipt
Mailing Address 14009 West 30Th Ln		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Golden	CO	80401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6039383</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
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 240.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6039384  
Amount of Each Receipt this Period 20.00

**B. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
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 240.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172073  
Amount of Each Receipt this Period 20.00

**C. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
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 240.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172074  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... 60.00  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Joshua B Goodman</b>		Date of Receipt
Mailing Address 14009 West 30Th Ln		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Golden	CO	80401
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172075</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Carl Michael Goodwin</b>		Date of Receipt
Mailing Address 54 E Pierrepont Ave		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rutherford	NJ	07070-2331
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5978032</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.58"/>
Name of Employer	Occupation	
OPEIU	PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="614.35"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Carl Michael Goodwin</b>		Date of Receipt
Mailing Address 54 E Pierrepont Ave		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rutherford	NJ	07070-2331
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6003744</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.58"/>
Name of Employer	Occupation	
OPEIU	PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="614.35"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="77.16"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Carl Michael Goodwin</b>		Date of Receipt
Mailing Address 54 E Pierrepont Ave		M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2013
City Rutherford State NJ Zip Code 07070-2331		<b>Transaction ID : C6056276</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.58
Name of Employer OPEIU	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 614.35	

Full Name (Last, First, Middle Initial) <b>B. Carl Michael Goodwin</b>		Date of Receipt
Mailing Address 54 E Pierrepont Ave		M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2013
City Rutherford State NJ Zip Code 07070-2331		<b>Transaction ID : C6147565</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.58
Name of Employer OPEIU	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 614.35	

Full Name (Last, First, Middle Initial) <b>C. Carl Michael Goodwin</b>		Date of Receipt
Mailing Address 54 E Pierrepont Ave		M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2013
City Rutherford State NJ Zip Code 07070-2331		<b>Transaction ID : C6187829</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.87
Name of Employer OPEIU	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 614.35	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Carl Michael Goodwin</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2013 <b>Transaction ID : C6203519</b>		
Mailing Address 54 E Pierrepont Ave			Amount of Each Receipt this Period 28.58		
City Rutherford	State NJ	Zip Code 07070-2331			
FEC ID number of contributing federal political committee. C					
Name of Employer OPEIU		Occupation PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 614.35			

Full Name (Last, First, Middle Initial) <b>B. ERIK J GRAHAM</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6040457</b>		
Mailing Address 18215 SCHOENBORN ST			Amount of Each Receipt this Period 25.00		
City NORTHRIDGE	State CA	Zip Code 91325			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Insurance		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>C. ERIK J GRAHAM</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6040458</b>		
Mailing Address 18215 SCHOENBORN ST			Amount of Each Receipt this Period 25.00		
City NORTHRIDGE	State CA	Zip Code 91325			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Insurance		Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. ERIK J GRAHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 18215 SCHOENBORN ST

City NORTHRIDGE State CA Zip Code 91325

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040459**

Amount of Each Receipt this Period  
 25.00

**B. ERIK J GRAHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 18215 SCHOENBORN ST

City NORTHRIDGE State CA Zip Code 91325

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172988**

Amount of Each Receipt this Period  
 25.00

**C. ERIK J GRAHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 18215 SCHOENBORN ST

City NORTHRIDGE State CA Zip Code 91325

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172989**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. ERIK J GRAHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18215 SCHOENBORN ST  
 City NORTHRIDGE State CA Zip Code 91325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172990**  
 Amount of Each Receipt this Period  
 25.00

**B. Arthur J Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 277 Oak Ridge Dr  
 City Pontiac State MI Zip Code 48341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039839**  
 Amount of Each Receipt this Period  
 100.00

**C. Arthur J Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 277 Oak Ridge Dr  
 City Pontiac State MI Zip Code 48341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039840**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Arthur J Greene**  
Full Name (Last, First, Middle Initial)  
Mailing Address 277 Oak Ridge Dr  
City Pontiac State MI Zip Code 48341  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6039841**  
Amount of Each Receipt this Period 100.00

**B. Arthur J Greene**  
Full Name (Last, First, Middle Initial)  
Mailing Address 277 Oak Ridge Dr  
City Pontiac State MI Zip Code 48341  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6172493**  
Amount of Each Receipt this Period 100.00

**C. Arthur J Greene**  
Full Name (Last, First, Middle Initial)  
Mailing Address 277 Oak Ridge Dr  
City Pontiac State MI Zip Code 48341  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6172494**  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Arthur J Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 277 Oak Ridge Dr  
 City Pontiac State MI Zip Code 48341  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172495**  
 Amount of Each Receipt this Period  
 100.00

**B. Steven K Greer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Nocturne Woods Pl  
 City The Woodlands State TX Zip Code 77382  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038653**  
 Amount of Each Receipt this Period  
 300.00

**C. Steven K Greer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Nocturne Woods Pl  
 City The Woodlands State TX Zip Code 77382  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038654**  
 Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Steven K Greer**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Nocturne Woods Pl

City The Woodlands State TX Zip Code 77382

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038655**

Amount of Each Receipt this Period 300.00

**B. Steven K Greer**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Nocturne Woods Pl

City The Woodlands State TX Zip Code 77382

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171378**

Amount of Each Receipt this Period 300.00

**C. Steven K Greer**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Nocturne Woods Pl

City The Woodlands State TX Zip Code 77382

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171379**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Steven K Greer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Nocturne Woods Pl  
 City The Woodlands State TX Zip Code 77382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171380**  
 Amount of Each Receipt this Period  
 300.00

**B. Kelly Gschwend**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 Sequoia St  
 City Brentwood State CA Zip Code 94513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOCAL 29 Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2013  
**Transaction ID : C5948255**  
 Amount of Each Receipt this Period  
 40.00

**C. Kelly Gschwend**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 Sequoia St  
 City Brentwood State CA Zip Code 94513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOCAL 29 Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2013  
**Transaction ID : C6005075**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Kelly Gschwend**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 Sequoia St  
 City State Zip Code  
 Brentwood CA 94513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCAL 29 ORGANIZER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : C6053281**  
 Amount of Each Receipt this Period  
 50.00

**B. Kelly Gschwend**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 Sequoia St  
 City State Zip Code  
 Brentwood CA 94513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCAL 29 ORGANIZER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : C6141828**  
 Amount of Each Receipt this Period  
 40.00

**C. Kelly Gschwend**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 621 Sequoia St  
 City State Zip Code  
 Brentwood CA 94513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCAL 29 ORGANIZER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6182069**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 107 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Kelly Gschwend**

Mailing Address 621 Sequoia St

City State Zip Code  
 Brentwood CA 94513

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

Name of Employer Occupation  
 LOCAL 29 ORGANIZER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2013  
**Transaction ID : C6202908**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. FREDERICK HADAYIA**

Mailing Address 702 LISBURN RD

City State Zip Code  
 CAMP HILL PA 17011

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

Name of Employer Occupation  
 American Income Life Ins. Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6044217**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**C. FREDERICK HADAYIA**

Mailing Address 702 LISBURN RD

City State Zip Code  
 CAMP HILL PA 17011

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

Name of Employer Occupation  
 American Income Life Ins. Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6044218**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **640.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. FREDERICK HADAYIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 702 LISBURN RD

City State Zip Code  
CAMP HILL PA 17011

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Ins. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6044219**

Amount of Each Receipt this Period

**B. FREDERICK HADAYIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 702 LISBURN RD

City State Zip Code  
CAMP HILL PA 17011

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Ins. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6176109**

Amount of Each Receipt this Period

**C. FREDERICK HADAYIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 702 LISBURN RD

City State Zip Code  
CAMP HILL PA 17011

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Ins. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6176110**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. FREDERICK HADAYIA</b>		Date of Receipt
Mailing Address 702 LISBURN RD		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
CAMP HILL	PA	17011
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6176111</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mark Hancock</b>		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fishers	IN	46038
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6038384</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
AMERICAN INCOME LIFE INS. CO.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mark Hancock</b>		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fishers	IN	46038
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6038385</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
AMERICAN INCOME LIFE INS. CO.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Mark Hancock</b>		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Fishers State IN Zip Code 46038		<b>Transaction ID : C6038386</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mark Hancock</b>		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Fishers State IN Zip Code 46038		<b>Transaction ID : C6171108</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mark Hancock</b>		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Fishers State IN Zip Code 46038		<b>Transaction ID : C6171109</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Mark Hancock</b>		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fishers	IN	46038
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6171110</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
AMERICAN INCOME LIFE INS. CO.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JEREMY P HARBIN</b>		Date of Receipt
Mailing Address 603 BUOY CT		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHATHAM	IL	62629
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6040221</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David Hausman</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76702
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6044294</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
National Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. David Hausman</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6179950</b>
Mailing Address PO Box 208		Amount of Each Receipt this Period 300.00
City Ponca City	State OK	Zip Code 74602
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Rob Hay</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039599</b>
Mailing Address 5515 5540 Falmouth St		Amount of Each Receipt this Period 250.00
City Richmond	State VA	Zip Code 23230
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Rob Hay</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039600</b>
Mailing Address 5515 5540 Falmouth St		Amount of Each Receipt this Period 250.00
City Richmond	State VA	Zip Code 23230
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Rob Hay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5515 5540 Falmouth St  
City Richmond State VA Zip Code 23230  
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 **3000.00**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C6039601**  
Amount of Each Receipt this Period **250.00**

**B. Rob Hay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5515 5540 Falmouth St  
City Richmond State VA Zip Code 23230  
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 **3000.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : C6172273**  
Amount of Each Receipt this Period **250.00**

**C. Rob Hay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5515 5540 Falmouth St  
City Richmond State VA Zip Code 23230  
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 **3000.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : C6172274**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 114 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Rob Hay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5515 5540 Falmouth St  
 City Richmond State VA Zip Code 23230  
 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 ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172275**  
 Amount of Each Receipt this Period  
 250.00

**B. Billie Faye Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3935 Hamill Rd  
 City Hixson State TN Zip Code 37343-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 16 / 2013  
**Transaction ID : C5978048**  
 Amount of Each Receipt this Period  
 40.00

**C. Billie Faye Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3935 Hamill Rd  
 City Hixson State TN Zip Code 37343-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003758**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 115 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Billie Faye Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3935 Hamill Rd  
 City Hixson State TN Zip Code 37343-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C6056290**  
 Amount of Each Receipt this Period  
 40.00

**B. Billie Faye Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3935 Hamill Rd  
 City Hixson State TN Zip Code 37343-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2013  
**Transaction ID : C6147579**  
 Amount of Each Receipt this Period  
 40.00

**C. Billie Faye Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3935 Hamill Rd  
 City Hixson State TN Zip Code 37343-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2013  
**Transaction ID : C6187857**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 116 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Billie Faye Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3935 Hamill Rd  
 City Hixson State TN Zip Code 37343-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203531**  
 Amount of Each Receipt this Period  
 40.00

**B. Matt M Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1235 Snug Harbor Dr  
 City Casselberry State FL Zip Code 32707  
 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039473**  
 Amount of Each Receipt this Period  
 250.00

**C. Matt M Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1235 Snug Harbor Dr  
 City Casselberry State FL Zip Code 32707  
 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039474**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 540.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Matt M Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1235 Snug Harbor Dr  
 City Casselberry State FL Zip Code 32707  
 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039475**  
 Amount of Each Receipt this Period  
 250.00

**B. Matt M Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1235 Snug Harbor Dr  
 City Casselberry State FL Zip Code 32707  
 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172158**  
 Amount of Each Receipt this Period  
 250.00

**C. Matt M Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1235 Snug Harbor Dr  
 City Casselberry State FL Zip Code 32707  
 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172159**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Matt M Henderson</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172160</b>
Mailing Address 1235 Snug Harbor Dr		Amount of Each Receipt this Period 250.00
City Casselberry	State FL	Zip Code 32707
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER HERNANDEZ</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6040417</b>
Mailing Address 1918 E LAFAYETTE PL #608		Amount of Each Receipt this Period 100.00
City MILWAUKEE	State WI	Zip Code 53202
FEC ID number of contributing federal political committee. C		
Name of Employer National Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER HERNANDEZ</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6040418</b>
Mailing Address 1918 E LAFAYETTE PL #608		Amount of Each Receipt this Period 100.00
City MILWAUKEE	State WI	Zip Code 53202
FEC ID number of contributing federal political committee. C		
Name of Employer National Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. CHRISTOPHER HERNANDEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1918 E LAFAYETTE PL #608

City MILWAUKEE State WI Zip Code 53202

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040419**

Amount of Each Receipt this Period  
 100.00

**B. CHRISTOPHER HERNANDEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1918 E LAFAYETTE PL #608

City MILWAUKEE State WI Zip Code 53202

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172960**

Amount of Each Receipt this Period  
 100.00

**C. CHRISTOPHER HERNANDEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1918 E LAFAYETTE PL #608

City MILWAUKEE State WI Zip Code 53202

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172961**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. CHRISTOPHER HERNANDEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1918 E LAFAYETTE PL #608

City MILWAUKEE State WI Zip Code 53202

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172965**

Amount of Each Receipt this Period  
 100.00

**B. Charles H Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

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 M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038387**

Amount of Each Receipt this Period  
 30.00

**C. Charles H Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

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 M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038388**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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



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

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

FOR LINE NUMBER: PAGE 121 OF 302  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Charles H Hill**

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

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  
**09 / 05 / 2013**

**Transaction ID : C6038389**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Charles H Hill**

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

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  
**09 / 05 / 2013**

**Transaction ID : C6038390**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. Charles H Hill**

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

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  
**11 / 05 / 2013**

**Transaction ID : C6171111**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Charles H Hill</b>			Date of Receipt
Mailing Address 1025 Miwok Dr			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6171112</b>
Lodi	CA	95240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Charles H Hill</b>			Date of Receipt
Mailing Address 1025 Miwok Dr			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6171113</b>
Lodi	CA	95240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Charles H Hill</b>			Date of Receipt
Mailing Address 1025 Miwok Dr			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6171117</b>
Lodi	CA	95240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Matthew P Hogan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6039449**

Amount of Each Receipt this Period  
100.00

**B. Matthew P Hogan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6039450**

Amount of Each Receipt this Period  
100.00

**C. Matthew P Hogan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6039451**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Matthew P Hogan</b>		Date of Receipt
Mailing Address 1701B Ellington Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Conyers	State GA	Zip Code 30013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6172136</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Matthew P Hogan</b>		Date of Receipt
Mailing Address 1701B Ellington Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Conyers	State GA	Zip Code 30013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6172137</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>C. NECTARINA HOROS</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Waco	State TX	Zip Code 76703
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6040854</b>
Name of Employer National Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. NECTARINA HOROS</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6173305</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Income Life	Insurance Agent	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lynnette T Howard</b>		Date of Receipt
Mailing Address 3229 E Foothill Blvd		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pasadena	CA	91107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C5931482</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
OPEIU, Local #537	member	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lynnette T Howard</b>		Date of Receipt
Mailing Address 3229 E Foothill Blvd		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pasadena	CA	91107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C5991736</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
OPEIU, Local #537	member	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Lynnette T Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 E Foothill Blvd  
 City Pasadena State CA Zip Code 91107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU, Local #537 Occupation member  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **09 / 04 / 2013**  
**Transaction ID : C6053179**  
 Amount of Each Receipt this Period **25.00**

**B. Lynnette T Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 E Foothill Blvd  
 City Pasadena State CA Zip Code 91107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU, Local #537 Occupation member  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **10 / 03 / 2013**  
**Transaction ID : C6120425**  
 Amount of Each Receipt this Period **20.00**

**C. Lynnette T Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 E Foothill Blvd  
 City Pasadena State CA Zip Code 91107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU, Local #537 Occupation member  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : C6181886**  
 Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **65.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 127 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Lynnette T Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 E Foothill Blvd  
 City Pasadena State CA Zip Code 91107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU, Local #537 Occupation member  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : C6196963**  
 Amount of Each Receipt this Period  
**25.00**

**B. MARCUS HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 S D ST  
 City HAMILTON State OH Zip Code 45013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040025**  
 Amount of Each Receipt this Period  
**30.00**

**C. MARCUS HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 S D ST  
 City HAMILTON State OH Zip Code 45013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040026**  
 Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **85.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 128 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. MARCUS HOWARD**

Mailing Address 526 S D ST

City State Zip Code  
 HAMILTON OH 45013

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

Name of Employer Occupation  
 National Income Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040027**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. MARCUS HOWARD**

Mailing Address 526 S D ST

City State Zip Code  
 HAMILTON OH 45013

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

Name of Employer Occupation  
 National Income Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172650**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. MARCUS HOWARD**

Mailing Address 526 S D ST

City State Zip Code  
 HAMILTON OH 45013

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

Name of Employer Occupation  
 National Income Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172651**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. MARCUS HOWARD**

Mailing Address 526 S D ST

City HAMILTON State OH Zip Code 45013

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
11 / 05 / 2013  
Transaction ID : C6172652

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**B. DAVID T IRIYE**

Mailing Address 2813 NE 4TH CT.

City RENTON State WA Zip Code 98056

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6040080

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. DAVID T IRIYE**

Mailing Address 2813 NE 4TH CT.

City RENTON State WA Zip Code 98056

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6040081

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 OF 302  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. DAVID T IRIYE**

Mailing Address **2813 NE 4TH CT.**

City **RENTON**      State **WA**      Zip Code **98056**

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

Name of Employer      Occupation  
**National Income Life Insurance**      **Agent**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 05 / 2013**

**Transaction ID : C6040082**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. DAVID T IRIYE**

Mailing Address **2813 NE 4TH CT.**

City **RENTON**      State **WA**      Zip Code **98056**

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

Name of Employer      Occupation  
**National Income Life Insurance**      **Agent**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**11 / 05 / 2013**

**Transaction ID : C6172688**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. DAVID T IRIYE**

Mailing Address **2813 NE 4TH CT.**

City **RENTON**      State **WA**      Zip Code **98056**

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

Name of Employer      Occupation  
**National Income Life Insurance**      **Agent**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**11 / 05 / 2013**

**Transaction ID : C6172689**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. DAVID T IRIYE</b>		Date of Receipt
Mailing Address 2813 NE 4TH CT.		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
RENTON	WA	98056
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172690</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John W Jatoft</b>		Date of Receipt
Mailing Address 4071 Port Chicago Hwy Suite 200		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concord	CA	94520
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6038398</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2104.03"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John W Jatoft</b>		Date of Receipt
Mailing Address 4071 Port Chicago Hwy Suite 200		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concord	CA	94520
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6038402</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2104.03"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="265.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

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

Mailing Address 4071 Port Chicago Hwy  
Suite 200

City Concord State CA Zip Code 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 ▼  
2104.03

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6038403**

Amount of Each Receipt this Period  
64.03

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

Mailing Address 4071 Port Chicago Hwy  
Suite 200

City Concord State CA Zip Code 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 ▼  
2104.03

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6171122**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 4071 Port Chicago Hwy  
Suite 200

City Concord State CA Zip Code 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 ▼  
2104.03

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6171123**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 464.03

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

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

Mailing Address 4071 Port Chicago Hwy  
Suite 200

City Concord State CA Zip Code 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 ▼  
2104.03

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6171124**

Amount of Each Receipt this Period  
200.00

**B. HORACE W JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 STONEWALL CT

City SUMMERVILLE State SC Zip Code 29483

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6040391**

Amount of Each Receipt this Period  
100.00

**C. HORACE W JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 STONEWALL CT

City SUMMERVILLE State SC Zip Code 29483

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6040392**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. HORACE W JOHNSON</b>		Date of Receipt
Mailing Address 103 STONEWALL CT		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SUMMERVILLE	SC	29483
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6040393</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. HORACE W JOHNSON</b>		Date of Receipt
Mailing Address 103 STONEWALL CT		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SUMMERVILLE	SC	29483
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172940</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. HORACE W JOHNSON</b>		Date of Receipt
Mailing Address 103 STONEWALL CT		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SUMMERVILLE	SC	29483
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172941</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. HORACE W JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 STONEWALL CT  
 City SUMMERVILLE State SC Zip Code 29483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Income Life 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 Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172942**  
 Amount of Each Receipt this Period  
 100.00

**B. Theatla Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Bull St  
 City Savannah State GA Zip Code 31401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OPEIU, Local #4873 Representative  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2013  
**Transaction ID : C5948574**  
 Amount of Each Receipt this Period  
 100.00

**C. Theatla Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Bull St  
 City Savannah State GA Zip Code 31401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OPEIU, Local #4873 Representative  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2013  
**Transaction ID : C5991765**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 302
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. Theatla Jones**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053194**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Theatla Jones**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2013  
**Transaction ID : C6125303**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Theatla Jones**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6182081**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. Theatla Jones**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : C6196978**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. CHRISTOPHER J JORDAN**

Mailing Address 62627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6041298**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. CHRISTOPHER J JORDAN**

Mailing Address 62627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6041299**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. CHRISTOPHER J JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 62627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6041300**

Amount of Each Receipt this Period  
 100.00

**B. CHRISTOPHER J JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 62627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6173611**

Amount of Each Receipt this Period  
 100.00

**C. CHRISTOPHER J JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 62627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6173612**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 139 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. CHRISTOPHER J JORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62627 BLACK RIVER RUN ST  
 City SOUTH HAVEN State MI Zip Code 49090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173613**  
 Amount of Each Receipt this Period  
 100.00

**B. Stephen Jubrey II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Knights Bridge Apt F  
 City Guilderland State NY Zip Code 12084  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038645**  
 Amount of Each Receipt this Period  
 60.00

**C. Stephen Jubrey II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Knights Bridge Apt F  
 City Guilderland State NY Zip Code 12084  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171370**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. CHRISTINE JUDGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

**Transaction ID : C6042400**

Amount of Each Receipt this Period  
100.00

**B. CHRISTINE JUDGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

**Transaction ID : C6042401**

Amount of Each Receipt this Period  
100.00

**C. CHRISTINE JUDGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

**Transaction ID : C6042402**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 141 OF 302
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. CHRISTINE JUDGE**

Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6174285**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. CHRISTINE JUDGE**

Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6174286**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. CHRISTINE JUDGE**

Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6174287**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 302
	<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	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Sidney Kalban</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2013 <b>Transaction ID : C5948569</b>
Mailing Address 2222 Bull St Suite 200		Amount of Each Receipt this Period 50.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, Local #4873	Occupation member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Sidney Kalban</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2013 <b>Transaction ID : C5991760</b>
Mailing Address 2222 Bull St Suite 200		Amount of Each Receipt this Period 50.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, Local #4873	Occupation member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Sidney Kalban</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C6053189</b>
Mailing Address 2222 Bull St Suite 200		Amount of Each Receipt this Period 50.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, Local #4873	Occupation member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Sidney Kalban</b>		Date of Receipt
Mailing Address 2222 Bull St Suite 200		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6125298</b>
Name of Employer OPEIU, Local #4873		Amount of Each Receipt this Period
Occupation member		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Sidney Kalban</b>		Date of Receipt
Mailing Address 2222 Bull St Suite 200		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6182082</b>
Name of Employer OPEIU, Local #4873		Amount of Each Receipt this Period
Occupation member		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Sidney Kalban</b>		Date of Receipt
Mailing Address 2222 Bull St Suite 200		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6196973</b>
Name of Employer OPEIU, Local #4873		Amount of Each Receipt this Period
Occupation member		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. Theresa L. Kandt**

Mailing Address 66755 Powell Rd

City Washington State MI Zip Code 48095

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

Name of Employer LOCAL 42 Occupation Sec-Treas./Bus. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2013  
**Transaction ID : C5948246**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Theresa L. Kandt**

Mailing Address 66755 Powell Rd

City Washington State MI Zip Code 48095

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

Name of Employer LOCAL 42 Occupation Sec-Treas./Bus. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003376**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Theresa L. Kandt**

Mailing Address 66755 Powell Rd

City Washington State MI Zip Code 48095

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

Name of Employer LOCAL 42 Occupation Sec-Treas./Bus. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2013  
**Transaction ID : C6050577**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 302		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Theresa L. Kandt</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2013 <b>Transaction ID : C6123507</b>		
Mailing Address 66755 Powell Rd			Amount of Each Receipt this Period 50.00		
City Washington	State MI	Zip Code 48095			
FEC ID number of contributing federal political committee. C					
Name of Employer LOCAL 42		Occupation Sec-Treas./Bus. Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1280.00			

Full Name (Last, First, Middle Initial) <b>B. Theresa L. Kandt</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 <b>Transaction ID : C6181112</b>		
Mailing Address 66755 Powell Rd			Amount of Each Receipt this Period 50.00		
City Washington	State MI	Zip Code 48095			
FEC ID number of contributing federal political committee. C					
Name of Employer LOCAL 42		Occupation Sec-Treas./Bus. Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1280.00			

Full Name (Last, First, Middle Initial) <b>C. Theresa L. Kandt</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2013 <b>Transaction ID : C6196955</b>		
Mailing Address 66755 Powell Rd			Amount of Each Receipt this Period 50.00		
City Washington	State MI	Zip Code 48095			
FEC ID number of contributing federal political committee. C					
Name of Employer LOCAL 42		Occupation Sec-Treas./Bus. Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1280.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Terry Keller</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2013 <b>Transaction ID : C5948253</b>
Mailing Address 1137 Wlper St Apt 26		Amount of Each Receipt this Period 40.00
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation Business Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Terry Keller</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2013 <b>Transaction ID : C6005073</b>
Mailing Address 1137 Wlper St Apt 26		Amount of Each Receipt this Period 40.00
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation Business Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Terry Keller</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : C6053277</b>
Mailing Address 1137 Wlper St Apt 26		Amount of Each Receipt this Period 50.00
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation Business Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 302
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Cynthia G Kelly**

Mailing Address 2222 Bull St

City Savannah	State GA	Zip Code 31401
------------------	-------------	-------------------

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

Name of Employer OPEIU, Local #4873	Occupation Membership/Bookkeeper
----------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2013

**Transaction ID : C5948571**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**B. Cynthia G Kelly**

Mailing Address 2222 Bull St

City Savannah	State GA	Zip Code 31401
------------------	-------------	-------------------

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

Name of Employer OPEIU, Local #4873	Occupation Membership/Bookkeeper
----------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2013

**Transaction ID : C5991762**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**C. Cynthia G Kelly**

Mailing Address 2222 Bull St

City Savannah	State GA	Zip Code 31401
------------------	-------------	-------------------

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

Name of Employer OPEIU, Local #4873	Occupation Membership/Bookkeeper
----------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2013

**Transaction ID : C6053191**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Cynthia G Kelly</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Membership/Bookkeeper	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : <b>C6125300</b>
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>B. Cynthia G Kelly</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Membership/Bookkeeper	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : <b>C6182083</b>
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>C. Cynthia G Kelly</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Membership/Bookkeeper	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : <b>C6196975</b>
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 150 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Kevin Kistler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 Starwood Way  
 City State Zip Code  
 Rockville MD 20852-3530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OPEIU Dir. Organ. & Field Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2013  
**Transaction ID : C5978031**  
 Amount of Each Receipt this Period  
 38.46

**B. Kevin Kistler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 Starwood Way  
 City State Zip Code  
 Rockville MD 20852-3530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OPEIU Dir. Organ. & Field Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003745**  
 Amount of Each Receipt this Period  
 38.46

**C. Kevin Kistler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 Starwood Way  
 City State Zip Code  
 Rockville MD 20852-3530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OPEIU Dir. Organ. & Field Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C6056277**  
 Amount of Each Receipt this Period  
 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 151 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Kevin Kistler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 Starwood Way  
 City State Zip Code  
 Rockville MD 20852-3530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OPEIU Dir. Organ. & Field Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2013  
**Transaction ID : C6147564**  
 Amount of Each Receipt this Period  
 38.46

**B. Kevin Kistler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 Starwood Way  
 City State Zip Code  
 Rockville MD 20852-3530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OPEIU Dir. Organ. & Field Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013  
**Transaction ID : C6187830**  
 Amount of Each Receipt this Period  
 57.69

**C. Kevin Kistler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 Starwood Way  
 City State Zip Code  
 Rockville MD 20852-3530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OPEIU Dir. Organ. & Field Service  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203518**  
 Amount of Each Receipt this Period  
 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 134.61  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27 TYLER RD  
City Lexington State MA Zip Code 02420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6044760**  
Amount of Each Receipt this Period  
41.67

**B. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27 TYLER RD  
City Lexington State MA Zip Code 02420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6044761**  
Amount of Each Receipt this Period  
41.67

**C. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27 TYLER RD  
City Lexington State MA Zip Code 02420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6044762**  
Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01  
**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 TYLER RD

City Lexington State MA Zip Code 02420

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176727**

Amount of Each Receipt this Period  
 41.67

**B. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 TYLER RD

City Lexington State MA Zip Code 02420

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176728**

Amount of Each Receipt this Period  
 41.67

**C. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 TYLER RD

City Lexington State MA Zip Code 02420

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176729**

Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. SHAUNIQUE LAMB**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 WATERS COVE CT

City STAFFORD State VA Zip Code 22554

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6042845**

Amount of Each Receipt this Period

**B. SHAUNIQUE LAMB**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 WATERS COVE CT

City STAFFORD State VA Zip Code 22554

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6042846**

Amount of Each Receipt this Period

**C. SHAUNIQUE LAMB**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 WATERS COVE CT

City STAFFORD State VA Zip Code 22554

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6042847**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. SHAUNIQUE LAMB**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 WATERS COVE CT

City STAFFORD State VA Zip Code 22554

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174523**

Amount of Each Receipt this Period  
 40.00

**B. SHAUNIQUE LAMB**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 WATERS COVE CT

City STAFFORD State VA Zip Code 22554

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174524**

Amount of Each Receipt this Period  
 40.00

**C. Samuel G Lasala**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Timberline Dr

City Madison State MS Zip Code 39110

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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039452**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Samuel G Lasala**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Timberline Dr

City Madison State MS Zip Code 39110

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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6039453**

Amount of Each Receipt this Period  
 100.00

**B. Samuel G Lasala**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Timberline Dr

City Madison State MS Zip Code 39110

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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6039454**

Amount of Each Receipt this Period  
 100.00

**C. Samuel G Lasala**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Timberline Dr

City Madison State MS Zip Code 39110

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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172138**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Samuel G Lasala**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Timberline Dr

City Madison State MS Zip Code 39110

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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172139**

Amount of Each Receipt this Period  
100.00

**B. MICHAEL A LIBASSI**  
Full Name (Last, First, Middle Initial)

Mailing Address 191 VINE ST #123

City COLUMBUS State OH Zip Code 43215

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6044895**

Amount of Each Receipt this Period  
100.00

**C. MICHAEL A LIBASSI**  
Full Name (Last, First, Middle Initial)

Mailing Address 13065 VIRGINIA BLVD APT 2F

City CARMEL State IN Zip Code 46032

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040550**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 158 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. MICHAEL A LIBASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13065 VIRGINIA BLVD APT 2F  
 City State Zip Code  
 CARMEL IN 46032  
 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 ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040551**  
 Amount of Each Receipt this Period  
 100.00

**B. MICHAEL A LIBASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 VINE ST #123  
 City State Zip Code  
 COLUMBUS OH 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176893**  
 Amount of Each Receipt this Period  
 100.00

**C. MICHAEL A LIBASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 VINE ST #123  
 City State Zip Code  
 COLUMBUS OH 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176894**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. MICHAEL A LIBASSI**  
Full Name (Last, First, Middle Initial)

Mailing Address 13065 VIRGINIA BLVD APT 2F

City CARMEL	State IN	Zip Code 46032
----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173064**

Amount of Each Receipt this Period  

100.00
--------

**B. SABRINA N LLOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 LONGMEADOW DR

City BARRINGTON HILLS	State IL	Zip Code 60010
--------------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042046**

Amount of Each Receipt this Period  

100.00
--------

**C. SABRINA N LLOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 LONGMEADOW DR

City BARRINGTON HILLS	State IL	Zip Code 60010
--------------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042047**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 160 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. SABRINA N LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 LONGMEADOW DR  
 City BARRINGTON HILLS State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6042048**  
 Amount of Each Receipt this Period  
 100.00

**B. SABRINA N LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 LONGMEADOW DR  
 City BARRINGTON HILLS State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174087**  
 Amount of Each Receipt this Period  
 100.00

**C. SABRINA N LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 LONGMEADOW DR  
 City BARRINGTON HILLS State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174088**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 161 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. SABRINA N LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 LONGMEADOW DR  
 City BARRINGTON HILLS State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174089**  
 Amount of Each Receipt this Period  
 100.00

**B. CHRIS A LUSSIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8728 CUMBERNAULD CIR N  
 City GERMANTOWN State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6044977**  
 Amount of Each Receipt this Period  
 100.00

**C. CHRIS A LUSSIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8728 CUMBERNAULD CIR N  
 City GERMANTOWN State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6044978**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 162 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. CHRIS A LUSSIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8728 CUMBERNAULD CIR N  
 City GERMANTOWN State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176994**  
 Amount of Each Receipt this Period  
 100.00

**B. CHRIS A LUSSIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8728 CUMBERNAULD CIR N  
 City GERMANTOWN State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176995**  
 Amount of Each Receipt this Period  
 100.00

**C. CHRIS A LUSSIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8728 CUMBERNAULD CIR N  
 City GERMANTOWN State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176996**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. KATHRYN M MAITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 147 BLUE RIDGE RD

City INDIANAPOLIS State IN Zip Code 46208

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040552**

Amount of Each Receipt this Period  
 40.00

**B. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040215**

Amount of Each Receipt this Period  
 20.00

**C. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040216**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

FEC ID number of contributing federal political committee. C

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6040217

Amount of Each Receipt this Period  
20.00

**B. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

FEC ID number of contributing federal political committee. C

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 05 / 2013  
Transaction ID : C6172799

Amount of Each Receipt this Period  
20.00

**C. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

FEC ID number of contributing federal political committee. C

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 05 / 2013  
Transaction ID : C6172800

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

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

FOR LINE NUMBER: PAGE 165 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. RICHARD MANSFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1941 N WILLOW GLEN PL  
 City STAR State ID Zip Code 83669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Insurance  
 Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172801**  
 Amount of Each Receipt this Period  
 200.00

**B. ANDREW MAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703  
 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 ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040059**  
 Amount of Each Receipt this Period  
 84.00

**C. ANDREW MAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703  
 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 ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172670**  
 Amount of Each Receipt this Period  
 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 188.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Tim R McAdams</b>			Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038752</b>
Mailing Address 3645 Marketplace Blvd #130-298			Amount of Each Receipt this Period 100.00
City East Point	State GA	Zip Code 30344	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1200.00
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Tim R McAdams</b>			Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038753</b>
Mailing Address 3645 Marketplace Blvd #130-298			Amount of Each Receipt this Period 100.00
City East Point	State GA	Zip Code 30344	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1200.00
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Tim R McAdams</b>			Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038754</b>
Mailing Address 3645 Marketplace Blvd #130-298			Amount of Each Receipt this Period 100.00
City East Point	State GA	Zip Code 30344	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1200.00
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 OF 302 (check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Tim R McAdams</b>	Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171473</b>					
Mailing Address 3645 Marketplace Blvd #130-298	Amount of Each Receipt this Period 100.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>East Point</td> <td>GA</td> <td>30344</td> </tr> </table>		City	State	Zip Code	East Point	GA
City	State	Zip Code				
East Point	GA	30344				
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 1200.00					
Name of Employer American Income Life		Occupation Insurance Agent				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

Full Name (Last, First, Middle Initial) <b>B. Tim R McAdams</b>	Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171474</b>					
Mailing Address 3645 Marketplace Blvd #130-298	Amount of Each Receipt this Period 100.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>East Point</td> <td>GA</td> <td>30344</td> </tr> </table>		City	State	Zip Code	East Point	GA
City	State	Zip Code				
East Point	GA	30344				
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 1200.00					
Name of Employer American Income Life		Occupation Insurance Agent				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

Full Name (Last, First, Middle Initial) <b>C. Tim R McAdams</b>	Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171475</b>					
Mailing Address 3645 Marketplace Blvd #130-298	Amount of Each Receipt this Period 100.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>East Point</td> <td>GA</td> <td>30344</td> </tr> </table>		City	State	Zip Code	East Point	GA
City	State	Zip Code				
East Point	GA	30344				
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 1200.00					
Name of Employer American Income Life		Occupation Insurance Agent				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	100.00





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. John McCreary</b>		Date of Receipt
Mailing Address 4537 Cove Dr Apt B		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Carlsbad	State CA	Zip Code 92008
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6171087</b>
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="600.00"/>		

Full Name (Last, First, Middle Initial) <b>B. John McCreary</b>		Date of Receipt
Mailing Address 4537 Cove Dr Apt B		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Carlsbad	State CA	Zip Code 92008
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6171088</b>
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="600.00"/>		

Full Name (Last, First, Middle Initial) <b>C. John McCreary</b>		Date of Receipt
Mailing Address 4537 Cove Dr Apt B		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Carlsbad	State CA	Zip Code 92008
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6171089</b>
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="600.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. MELISSA MENDOZA</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5948575</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MELISSA MENDOZA</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5991766</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MELISSA MENDOZA</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6053195</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. MELISSA MENDOZA</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6125304</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MELISSA MENDOZA</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6182084</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MELISSA MENDOZA</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6196979</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE State WI Zip Code 53217

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6040825**

Amount of Each Receipt this Period  
 25.00

**B. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE State WI Zip Code 53217

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6040826**

Amount of Each Receipt this Period  
 25.00

**C. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE State WI Zip Code 53217

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6040827**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173280**

Amount of Each Receipt this Period  
25.00

**B. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173281**

Amount of Each Receipt this Period  
25.00

**C. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173282**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 174 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. DEDRICK M MILLER</b>		Date of Receipt
Mailing Address 5955 CHERYL CREST LN		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
MEMPHIS	TN	38115
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6042769</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="320.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DEDRICK M MILLER</b>		Date of Receipt
Mailing Address 5955 CHERYL CREST LN		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
MEMPHIS	TN	38115
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6042770</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="320.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DEDRICK M MILLER</b>		Date of Receipt
Mailing Address 5955 CHERYL CREST LN		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
MEMPHIS	TN	38115
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6174476</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="320.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N  
City Seattle State WA Zip Code 98103-5243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2013  
**Transaction ID : C5931505**  
Amount of Each Receipt this Period  
15.00

**B. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N  
City Seattle State WA Zip Code 98103-5243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2013  
**Transaction ID : C5981651**  
Amount of Each Receipt this Period  
20.00

**C. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N  
City Seattle State WA Zip Code 98103-5243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2013  
**Transaction ID : C6053019**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Suzanne Mode**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6515 Francis Ave N  
 City Seattle State WA Zip Code 98103-5243  
 FEC ID number of contributing federal political committee. C  
 Name of Employer LOCAL 8 Occupation Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
 10 / 03 / 2013  
**Transaction ID : C6125309**  
 Amount of Each Receipt this Period  
 20.00

**B. Suzanne Mode**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6515 Francis Ave N  
 City Seattle State WA Zip Code 98103-5243  
 FEC ID number of contributing federal political committee. C  
 Name of Employer LOCAL 8 Occupation Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
 10 / 29 / 2013  
**Transaction ID : C6185165**  
 Amount of Each Receipt this Period  
 31.11

**C. Suzanne Mode**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6515 Francis Ave N  
 City Seattle State WA Zip Code 98103-5243  
 FEC ID number of contributing federal political committee. C  
 Name of Employer LOCAL 8 Occupation Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
 10 / 29 / 2013  
**Transaction ID : C6185210**  
 Amount of Each Receipt this Period  
 19.20

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.31
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. Suzanne Mode**

Mailing Address 6515 Francis Ave N

City Seattle State WA Zip Code 98103-5243

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

Name of Employer LOCAL 8 Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6181908**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Suzanne Mode**

Mailing Address 6515 Francis Ave N

City Seattle State WA Zip Code 98103-5243

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

Name of Employer LOCAL 8 Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2013  
**Transaction ID : C6196987**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Suzanne Mode**

Mailing Address 6515 Francis Ave N

City Seattle State WA Zip Code 98103-5243

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

Name of Employer LOCAL 8 Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2013  
**Transaction ID : C6209219**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOODMORE AVE

City LOUISVILLE State KY Zip Code 40214

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040245**

Amount of Each Receipt this Period  
 100.00

**B. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOODMORE AVE

City LOUISVILLE State KY Zip Code 40214

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040246**

Amount of Each Receipt this Period  
 100.00

**C. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOODMORE AVE

City LOUISVILLE State KY Zip Code 40214

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040247**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOODMORE AVE

City LOUISVILLE State KY Zip Code 40214

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172823**

Amount of Each Receipt this Period  
 100.00

**B. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOODMORE AVE

City LOUISVILLE State KY Zip Code 40214

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172824**

Amount of Each Receipt this Period  
 100.00

**C. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOODMORE AVE

City LOUISVILLE State KY Zip Code 40214

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172825**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 302
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Shelby Mooney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 34th Ave W

City Seattle	State WA	Zip Code 98199-2614
-----------------	-------------	------------------------

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

Name of Employer OPEIU LOCAL 8	Occupation Organizer
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2013

**Transaction ID : C5931509**

Amount of Each Receipt this Period  
17.00

**B. Shelby Mooney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 34th Ave W

City Seattle	State WA	Zip Code 98199-2614
-----------------	-------------	------------------------

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

Name of Employer OPEIU LOCAL 8	Occupation Organizer
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2013

**Transaction ID : C5981656**

Amount of Each Receipt this Period  
17.00

**C. Shelby Mooney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 34th Ave W

City Seattle	State WA	Zip Code 98199-2614
-----------------	-------------	------------------------

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

Name of Employer OPEIU LOCAL 8	Occupation Organizer
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2013

**Transaction ID : C6053021**

Amount of Each Receipt this Period  
17.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Shelby Mooney</b>			Date of Receipt
Mailing Address 3229 34th Ave W			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : C6125311</b>
Seattle	WA	98199-2614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="17.00"/>
Name of Employer	Occupation		
OPEIU LOCAL 8	Organizer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="345.61"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Shelby Mooney</b>			Date of Receipt
Mailing Address 3229 34th Ave W			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : C6185166</b>
Seattle	WA	98199-2614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.11"/>
Name of Employer	Occupation		
OPEIU LOCAL 8	Organizer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="345.61"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Shelby Mooney</b>			Date of Receipt
Mailing Address 3229 34th Ave W			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : C6185208</b>
Seattle	WA	98199-2614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="24.00"/>
Name of Employer	Occupation		
OPEIU LOCAL 8	Organizer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="345.61"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.11"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Shelby Mooney</b>			Date of Receipt
Mailing Address 3229 34th Ave W			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Seattle	State WA	Zip Code 98199-2614	<b>Transaction ID : C6181910</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 17.00		
Name of Employer OPEIU LOCAL 8	Occupation Organizer	Aggregate Year-to-Date ▼ 345.61	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Shelby Mooney</b>			Date of Receipt
Mailing Address 3229 34th Ave W			<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City Seattle	State WA	Zip Code 98199-2614	<b>Transaction ID : C6196989</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 17.00		
Name of Employer OPEIU LOCAL 8	Occupation Organizer	Aggregate Year-to-Date ▼ 345.61	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Shelby Mooney</b>			Date of Receipt
Mailing Address 3229 34th Ave W			<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Seattle	State WA	Zip Code 98199-2614	<b>Transaction ID : C6209221</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 17.00		
Name of Employer OPEIU LOCAL 8	Occupation Organizer	Aggregate Year-to-Date ▼ 345.61	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039524**

Amount of Each Receipt this Period  
**50.00**

**B. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039525**

Amount of Each Receipt this Period  
**50.00**

**C. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039526**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403  
 City State Zip Code  
 Daytona Beach Shores FL 32118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. 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 Y  
 11 / 05 / 2013  
**Transaction ID : C6172203**  
 Amount of Each Receipt this Period  
 50.00

**B. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403  
 City State Zip Code  
 Daytona Beach Shores FL 32118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. 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 Y  
 11 / 05 / 2013  
**Transaction ID : C6172204**  
 Amount of Each Receipt this Period  
 50.00

**C. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403  
 City State Zip Code  
 Daytona Beach Shores FL 32118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. 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 Y  
 11 / 05 / 2013  
**Transaction ID : C6172205**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. PATRICIA MORGAN</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6040426</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA MORGAN</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172967</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Eric J Neal</b>		Date of Receipt
Mailing Address 1355 Woodside Dr		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Arnold	MO	63010
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6039476</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Eric J Neal**  
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Woodside Dr

City Arnold State MO Zip Code 63010

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 ▼ 3600.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039477**

Amount of Each Receipt this Period  
 300.00

**B. Eric J Neal**  
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Woodside Dr

City Arnold State MO Zip Code 63010

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 ▼ 3600.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039478**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 1355 Woodside Dr

City Arnold State MO Zip Code 63010

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 ▼ 3600.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6172161**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 302
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Eric J Neal**  
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Woodside Dr

City Arnold State MO Zip Code 63010

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 ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172162**

Amount of Each Receipt this Period  
 300.00

**B. Eric J Neal**  
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Woodside Dr

City Arnold State MO Zip Code 63010

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 ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172163**

Amount of Each Receipt this Period  
 300.00

**C. Jan Nikodym**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Helix St

City Spring Valley State CA Zip Code 91977

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

Name of Employer Kaiser Occupation Clerical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2013

**Transaction ID : C5948378**

Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 188 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Jan Nikodym**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2936 Helix St  
 City Spring Valley State CA Zip Code 91977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Occupation Clerical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003464**  
 Amount of Each Receipt this Period  
 20.00

**B. Jan Nikodym**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2936 Helix St  
 City Spring Valley State CA Zip Code 91977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Occupation Clerical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053056**  
 Amount of Each Receipt this Period  
 20.00

**C. Jan Nikodym**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2936 Helix St  
 City Spring Valley State CA Zip Code 91977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Occupation Clerical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : C6141752**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Jan Nikodym**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Helix St

City Spring Valley State CA Zip Code 91977

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

Name of Employer Kaiser Occupation Clerical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6181981**

Amount of Each Receipt this Period  
 20.00

**B. Jan Nikodym**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Helix St

City Spring Valley State CA Zip Code 91977

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

Name of Employer Kaiser Occupation Clerical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : C6187734**

Amount of Each Receipt this Period  
 20.00

**C. Jan Nikodym**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Helix St

City Spring Valley State CA Zip Code 91977

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

Name of Employer Kaiser Occupation Clerical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203411**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Timothy J Nolan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6010 W Lake Rd  
City Auburn State NY Zip Code 13021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Income Life  
Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038564**  
Amount of Each Receipt this Period 60.00

**B. Timothy J Nolan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6010 W Lake Rd  
City Auburn State NY Zip Code 13021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Income Life  
Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171289**  
Amount of Each Receipt this Period 60.00

**C. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3831 N MULBERRY DR #3403  
City KANSAS CITY State MO Zip Code 64116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Insurance  
Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6041335**  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6041336**

Amount of Each Receipt this Period  
100.00

**B. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6041337**

Amount of Each Receipt this Period  
100.00

**C. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6173639**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173640**

Amount of Each Receipt this Period  
100.00

**B. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173641**

Amount of Each Receipt this Period  
100.00

**c. Durhon Oldham**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703
--------------	-------------	-------------------

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 ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039598**

Amount of Each Receipt this Period  
1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Durhon Oldham**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703
--------------	-------------	-------------------

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 ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6172272**

Amount of Each Receipt this Period  
1200.00

**B. ROBERT OLSON JR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26561 W HIGHLAND DR

City CHANNAHON	State IL	Zip Code 60410
-------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6041154**

Amount of Each Receipt this Period  
400.00

**C. ROBERT OLSON JR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26561 W HIGHLAND DR

City CHANNAHON	State IL	Zip Code 60410
-------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6041155**

Amount of Each Receipt this Period  
400.00

<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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. ROBERT OLSON JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26561 W HIGHLAND DR  
 City CHANNAHON State IL Zip Code 60410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173511**  
 Amount of Each Receipt this Period  
 400.00

**B. ROBERT OLSON JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26561 W HIGHLAND DR  
 City CHANNAHON State IL Zip Code 60410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173512**  
 Amount of Each Receipt this Period  
 400.00

**C. ROBERT OLSON JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26561 W HIGHLAND DR  
 City CHANNAHON State IL Zip Code 60410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173513**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. ROBERT OLSON JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26561 W HIGHLAND DR  
 City CHANNAHON State IL Zip Code 60410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040226**  
 Amount of Each Receipt this Period  
 400.00

**B. Laurie Onasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 632 Moraine Ct  
 City Colgate State WI Zip Code 53017  
 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 ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038566**  
 Amount of Each Receipt this Period  
 180.00

**C. Laurie Onasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 632 Moraine Ct  
 City Colgate State WI Zip Code 53017  
 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 ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171291**  
 Amount of Each Receipt this Period  
 180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. CHAD T PANZER</b>		Date of Receipt
Mailing Address 120 LAUREL CIR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bangor	ME	04401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6045518</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CHAD T PANZER</b>		Date of Receipt
Mailing Address 120 LAUREL CIR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bangor	ME	04401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6177635</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CHAD T PANZER</b>		Date of Receipt
Mailing Address 120 LAUREL CIR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bangor	ME	04401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6177636</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Susan N Pate**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2815 Augusta Ln  
City Arlington State TX Zip Code 76012  
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 220.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6038544  
Amount of Each Receipt this Period 60.00

**B. Susan N Pate**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2815 Augusta Ln  
City Arlington State TX Zip Code 76012  
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 220.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6171269  
Amount of Each Receipt this Period 60.00

**C. Sheila Peacock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Buckingham Dr  
City Pasadena State TX Zip Code 77504-5011  
FEC ID number of contributing federal political committee. C  
Name of Employer OPEIU Occupation Intl Rep  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 480.75

Date of Receipt 07 / 16 / 2013  
Transaction ID : C5978049  
Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional)..... 158.46  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 OF 302 (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"/> 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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Sheila Peacock</b>	Date of Receipt M M / D D / Y Y Y Y Y 08 / 12 / 2013 <b>Transaction ID : C6003759</b>
Mailing Address 1810 Buckingham Dr	Amount of Each Receipt this Period 38.46
City Pasadena      State TX      Zip Code 77504-5011	
FEC ID number of contributing federal political committee.      C	
Name of Employer OPEIU      Occupation Intl Rep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 480.75	

Full Name (Last, First, Middle Initial) <b>B. Sheila Peacock</b>	Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2013 <b>Transaction ID : C6056291</b>
Mailing Address 1810 Buckingham Dr	Amount of Each Receipt this Period 38.46
City Pasadena      State TX      Zip Code 77504-5011	
FEC ID number of contributing federal political committee.      C	
Name of Employer OPEIU      Occupation Intl Rep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 480.75	

Full Name (Last, First, Middle Initial) <b>C. Sheila Peacock</b>	Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 <b>Transaction ID : C6147581</b>
Mailing Address 1810 Buckingham Dr	Amount of Each Receipt this Period 38.46
City Pasadena      State TX      Zip Code 77504-5011	
FEC ID number of contributing federal political committee.      C	
Name of Employer OPEIU      Occupation Intl Rep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 480.75	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	115.38
<b>TOTAL</b> This Period (last page this line number only)..... ▶	38.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Sheila Peacock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Buckingham Dr  
City Pasadena State TX Zip Code 77504-5011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation Intl Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2013  
**Transaction ID : C6187858**  
Amount of Each Receipt this Period  
57.69

**B. Sheila Peacock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Buckingham Dr  
City Pasadena State TX Zip Code 77504-5011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation Intl Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2013  
**Transaction ID : C6203533**  
Amount of Each Receipt this Period  
19.23

**C. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Linda Ln  
City Hampton Bays State NY Zip Code 11946-2201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation asst. to the president  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2013  
**Transaction ID : C5978034**  
Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Linda Ln  
City Hampton Bays State NY Zip Code 11946-2201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation asst. to the president  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 12 / 2013  
**Transaction ID : C6003747**  
Amount of Each Receipt this Period  
20.00

**B. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Linda Ln  
City Hampton Bays State NY Zip Code 11946-2201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation asst. to the president  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 20 / 2013  
**Transaction ID : C6056287**  
Amount of Each Receipt this Period  
20.00

**C. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Linda Ln  
City Hampton Bays State NY Zip Code 11946-2201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation asst. to the president  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2013  
**Transaction ID : C6147575**  
Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Colleen Pedersen</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2013 <b>Transaction ID : C6187840</b>
Mailing Address 19 Linda Ln		Amount of Each Receipt this Period 300.00
City Hampton Bays	State NY	Zip Code 11946-2201
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU	Occupation asst. to the president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Colleen Pedersen</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2013 <b>Transaction ID : C6203527</b>
Mailing Address 19 Linda Ln		Amount of Each Receipt this Period 20.00
City Hampton Bays	State NY	Zip Code 11946-2201
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU	Occupation asst. to the president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. FRANCISCO M PEREZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6045575</b>
Mailing Address 1 LEE AVE		Amount of Each Receipt this Period 100.00
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. FRANCISCO M PEREZ</b>			Date of Receipt
Mailing Address 1 LEE AVE			<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6045576</b>
Providence	RI	02904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. FRANCISCO M PEREZ</b>			Date of Receipt
Mailing Address 1 LEE AVE			<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6045577</b>
Providence	RI	02904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. FRANCISCO M PEREZ</b>			Date of Receipt
Mailing Address 1 LEE AVE			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6177709</b>
Providence	RI	02904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. FRANCISCO M PEREZ</b>		Date of Receipt
Mailing Address 1 LEE AVE		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Providence	RI	02904
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6177710</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRANCISCO M PEREZ</b>		Date of Receipt
Mailing Address 1 LEE AVE		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Providence	RI	02904
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6177711</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Geshalem Perez</b>		Date of Receipt
Mailing Address 4964 Saratoga Ave., #7		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Diego	CA	92107
FEC ID number of contributing federal political committee.		<b>Transaction ID : C5948419</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="56.25"/>
Name of Employer	Occupation	
OPEIU L 30	Business Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="301.25"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="256.25"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 204 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Geshalem Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4964 Saratoga Ave., #7  
 City San Diego State CA Zip Code 92107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003488**  
 Amount of Each Receipt this Period  
 20.00

**B. Geshalem Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4964 Saratoga Ave., #7  
 City San Diego State CA Zip Code 92107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053081**  
 Amount of Each Receipt this Period  
 25.00

**C. Geshalem Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4964 Saratoga Ave., #7  
 City San Diego State CA Zip Code 92107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : C6141777**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 205 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Geshalem Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4964 Saratoga Ave., #7  
 City San Diego State CA Zip Code 92107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6182007**  
 Amount of Each Receipt this Period  
 25.00

**B. Geshalem Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4964 Saratoga Ave., #7  
 City San Diego State CA Zip Code 92107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : C6187763**  
 Amount of Each Receipt this Period  
 20.00

**C. Geshalem Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4964 Saratoga Ave., #7  
 City San Diego State CA Zip Code 92107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203443**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Denise M Perkins</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Savannah State GA Zip Code 31401		<b>Transaction ID : C5948572</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU, Local #4873 Occupation Office Manager		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Denise M Perkins</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Savannah State GA Zip Code 31401		<b>Transaction ID : C5991763</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU, Local #4873 Occupation Office Manager		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Denise M Perkins</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Savannah State GA Zip Code 31401		<b>Transaction ID : C6053192</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU, Local #4873 Occupation Office Manager		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 302
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Denise M Perkins</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City	State	Zip Code	<b>Transaction ID : C6125301</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>		<input type="text"/> 25.00
Name of Employer	Occupation		
OPEIU, Local #4873	Office Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 300.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Denise M Perkins</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City	State	Zip Code	<b>Transaction ID : C6182085</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>		<input type="text"/> 25.00
Name of Employer	Occupation		
OPEIU, Local #4873	Office Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 300.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Denise M Perkins</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City	State	Zip Code	<b>Transaction ID : C6196976</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>		<input type="text"/> 25.00
Name of Employer	Occupation		
OPEIU, Local #4873	Office Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 300.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 208 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Daniel S Phares**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 625  
 City State Zip Code  
 Barrackville WV 26559  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038501**  
 Amount of Each Receipt this Period  
 20.00

**B. Daniel S Phares**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 625  
 City State Zip Code  
 Barrackville WV 26559  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038505**  
 Amount of Each Receipt this Period  
 20.00

**C. Daniel S Phares**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 625  
 City State Zip Code  
 Barrackville WV 26559  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038506**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Daniel S Phares</b>		Date of Receipt
Mailing Address Po Box 625		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Barrackville	WV	26559
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Transaction ID : <b>C6171229</b>
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) <b>B. Daniel S Phares</b>		Date of Receipt
Mailing Address Po Box 625		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Barrackville	WV	26559
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Transaction ID : <b>C6171230</b>
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) <b>C. Daniel S Phares</b>		Date of Receipt
Mailing Address Po Box 625		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Barrackville	WV	26559
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Transaction ID : <b>C6171231</b>
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Suzanne Powroznick**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

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

Name of Employer CWA Local 2201 Occupation staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
07 / 08 / 2013  
**Transaction ID : C5944129**

Amount of Each Receipt this Period  
38.48

**B. Suzanne Powroznick**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

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

Name of Employer CWA Local 2201 Occupation staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
08 / 07 / 2013  
**Transaction ID : C6004913**

Amount of Each Receipt this Period  
38.48

**C. Suzanne Powroznick**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

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

Name of Employer CWA Local 2201 Occupation staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
09 / 10 / 2013  
**Transaction ID : C6050576**

Amount of Each Receipt this Period  
38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.44

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

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

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

FOR LINE NUMBER: PAGE 211 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Suzanne Powroznick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 Appomattox St  
 City Hopewell State VA Zip Code 23860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CWA Local 2201 Occupation staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C6056408**  
 Amount of Each Receipt this Period  
 38.48

**B. Suzanne Powroznick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 Appomattox St  
 City Hopewell State VA Zip Code 23860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CWA Local 2201 Occupation staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2013  
**Transaction ID : C6213085**  
 Amount of Each Receipt this Period  
 38.48

**C. Suzanne Powroznick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 Appomattox St  
 City Hopewell State VA Zip Code 23860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CWA Local 2201 Occupation staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2013  
**Transaction ID : C6181133**  
 Amount of Each Receipt this Period  
 38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.44  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 GEORGE ST #405

City Middletown State CT Zip Code 06457

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6045666**

Amount of Each Receipt this Period

**B. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 GEORGE ST #405

City Middletown State CT Zip Code 06457

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6045667**

Amount of Each Receipt this Period

**C. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 GEORGE ST #405

City Middletown State CT Zip Code 06457

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6045668**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6177807**

Amount of Each Receipt this Period  
 100.00

**B. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6177808**

Amount of Each Receipt this Period  
 100.00

**C. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6177809**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Scott J Rehberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1153 Thistle Ln  
 City Lebanon State OH Zip Code 45036  
 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 960.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6039422  
 Amount of Each Receipt this Period 80.00

**B. Scott J Rehberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1153 Thistle Ln  
 City Lebanon State OH Zip Code 45036  
 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 960.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6039423  
 Amount of Each Receipt this Period 80.00

**C. Scott J Rehberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1153 Thistle Ln  
 City Lebanon State OH Zip Code 45036  
 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 960.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6039424  
 Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional)..... 240.00  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 215 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Scott J Rehberg</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>05</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	05	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	05	/	2013								
Mailing Address 1153 Thistle Ln		<b>Transaction ID : C6172110</b>										
City Lebanon	State OH	Zip Code 45036										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00										
Name of Employer American Income Life Ins.	Occupation Insurance Agent											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00											

Full Name (Last, First, Middle Initial) <b>B. Scott J Rehberg</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>05</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	05	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	05	/	2013								
Mailing Address 1153 Thistle Ln		<b>Transaction ID : C6172111</b>										
City Lebanon	State OH	Zip Code 45036										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00										
Name of Employer American Income Life Ins.	Occupation Insurance Agent											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00											

Full Name (Last, First, Middle Initial) <b>c. Scott J Rehberg</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>05</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	05	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	05	/	2013								
Mailing Address 1153 Thistle Ln		<b>Transaction ID : C6172112</b>										
City Lebanon	State OH	Zip Code 45036										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00										
Name of Employer American Income Life Ins.	Occupation Insurance Agent											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Dovey Richter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7154 West Farrand Rd  
City Clio State MI Zip Code 48420  
FEC ID number of contributing federal political committee. C  
Name of Employer International Union UAW Occupation staff  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 650.00

Date of Receipt 07 / 03 / 2013  
Transaction ID : C5931352  
Amount of Each Receipt this Period 250.00

**B. Dovey Richter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7154 West Farrand Rd  
City Clio State MI Zip Code 48420  
FEC ID number of contributing federal political committee. C  
Name of Employer International Union UAW Occupation staff  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 650.00

Date of Receipt 07 / 23 / 2013  
Transaction ID : C5979913  
Amount of Each Receipt this Period 50.00

**C. Dovey Richter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7154 West Farrand Rd  
City Clio State MI Zip Code 48420  
FEC ID number of contributing federal political committee. C  
Name of Employer International Union UAW Occupation staff  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 650.00

Date of Receipt 08 / 21 / 2013  
Transaction ID : C6025023  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... 125.00  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Dovey Richter</b>		Date of Receipt 10 / 03 / 2013 <b>Transaction ID : C6125101</b>
Mailing Address 7154 West Farrand Rd		Amount of Each Receipt this Period 75.00
City Clio	State MI	Zip Code 48420
FEC ID number of contributing federal political committee. C		
Name of Employer International Union UAW	Occupation staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. Dovey Richter</b>		Date of Receipt 11 / 05 / 2013 <b>Transaction ID : C6181739</b>
Mailing Address 7154 West Farrand Rd		Amount of Each Receipt this Period 50.00
City Clio	State MI	Zip Code 48420
FEC ID number of contributing federal political committee. C		
Name of Employer International Union UAW	Occupation staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Dovey Richter</b>		Date of Receipt 11 / 26 / 2013 <b>Transaction ID : C6188028</b>
Mailing Address 7154 West Farrand Rd		Amount of Each Receipt this Period 25.00
City Clio	State MI	Zip Code 48420
FEC ID number of contributing federal political committee. C		
Name of Employer International Union UAW	Occupation staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Dovey Richter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7154 West Farrand Rd  
 City State Zip Code  
 Clio MI 48420  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 International Union UAW staff  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : C6210420**  
 Amount of Each Receipt this Period  
 75.00

**B. Edward D Rubio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15508 Sugar Loaf Dr  
 City State Zip Code  
 Edmond OK 73013  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039571**  
 Amount of Each Receipt this Period  
 100.00

**C. Edward D Rubio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15508 Sugar Loaf Dr  
 City State Zip Code  
 Edmond OK 73013  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039572**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
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 ▼ 1200.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : **C6039573**  
Amount of Each Receipt this Period  
100.00

**B. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
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 ▼ 1200.00

Date of Receipt  
11 / 05 / 2013  
Transaction ID : **C6172246**  
Amount of Each Receipt this Period  
100.00

**C. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
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 ▼ 1200.00

Date of Receipt  
11 / 05 / 2013  
Transaction ID : **C6172247**  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
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 **1200.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : C6172248**  
Amount of Each Receipt this Period **100.00**

**B. Tamara Rubyn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 149  
City Carmichael State CA Zip Code 95609-0149  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 29 Occupation President/Business Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt **07 / 11 / 2013**  
**Transaction ID : C5948248**  
Amount of Each Receipt this Period **40.00**

**C. Tamara Rubyn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 149  
City Carmichael State CA Zip Code 95609-0149  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 29 Occupation President/Business Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt **08 / 07 / 2013**  
**Transaction ID : C6005068**  
Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 221 OF 302  
(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"/>	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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Tamara Rubyn**

Mailing Address PO Box 149

City Carmichael State CA Zip Code 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2013**

**Transaction ID : C6053265**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Tamara Rubyn**

Mailing Address PO Box 149

City Carmichael State CA Zip Code 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 10 / 2013**

**Transaction ID : C6141819**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Tamara Rubyn**

Mailing Address PO Box 149

City Carmichael State CA Zip Code 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6182063**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **140.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Tamara Rubyn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 149

City Carmichael	State CA	Zip Code 95609-0149
--------------------	-------------	------------------------

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

Name of Employer LOCAL 29	Occupation President/Business Manager
------------------------------	------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2013

**Transaction ID : C6202902**

Amount of Each Receipt this Period  

400.00
--------

**B. Paul D Rumbuc**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3570 Magnoloia Ct

City Oakland Township	State MI	Zip Code 48363
--------------------------	-------------	-------------------

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 ▼ **4800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6038555**

Amount of Each Receipt this Period  

400.00
--------

**C. Paul D Rumbuc**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3570 Magnoloia Ct

City Oakland Township	State MI	Zip Code 48363
--------------------------	-------------	-------------------

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 ▼ **4800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6038556**

Amount of Each Receipt this Period  

400.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>840.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

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

Mailing Address 3570 Magnolia Ct

City Oakland Township State MI Zip Code 48363

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 ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6038557**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 3570 Magnolia Ct

City Oakland Township State MI Zip Code 48363

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 ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6171279**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 3570 Magnolia Ct

City Oakland Township State MI Zip Code 48363

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 ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6171280**

Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Paul D Rumbuc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Magnolia Ct  
 City Oakland Township State MI Zip Code 48363  
 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 4800.00

Date of Receipt 11 / 05 / 2013  
 Transaction ID : C6171281  
 Amount of Each Receipt this Period 400.00

**B. Jeanine Ruth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48584 Sugarbush  
 City Chesterfield State MI Zip Code 48047  
 FEC ID number of contributing federal political committee. C  
 Name of Employer International Union UAW Occupation staff  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 231.50

Date of Receipt 07 / 03 / 2013  
 Transaction ID : C5931369  
 Amount of Each Receipt this Period 10.00

**C. Jeanine Ruth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48584 Sugarbush  
 City Chesterfield State MI Zip Code 48047  
 FEC ID number of contributing federal political committee. C  
 Name of Employer International Union UAW Occupation staff  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 231.50

Date of Receipt 07 / 23 / 2013  
 Transaction ID : C5979960  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... 430.00  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Jeanine Ruth</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2013 <b>Transaction ID : C6025053</b>
Mailing Address 48584 Sugarbush		Amount of Each Receipt this Period 20.00
City Chesterfield	State MI	Zip Code 48047
FEC ID number of contributing federal political committee. C	Name of Employer International Union UAW	Occupation staff
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.50	

Full Name (Last, First, Middle Initial) <b>B. Jeanine Ruth</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2013 <b>Transaction ID : C6125147</b>
Mailing Address 48584 Sugarbush		Amount of Each Receipt this Period 30.00
City Chesterfield	State MI	Zip Code 48047
FEC ID number of contributing federal political committee. C	Name of Employer International Union UAW	Occupation staff
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.50	

Full Name (Last, First, Middle Initial) <b>C. Jeanine Ruth</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6181788</b>
Mailing Address 48584 Sugarbush		Amount of Each Receipt this Period 20.00
City Chesterfield	State MI	Zip Code 48047
FEC ID number of contributing federal political committee. C	Name of Employer International Union UAW	Occupation staff
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Jeanine Ruth</b>		Date of Receipt
Mailing Address 48584 Sugarbush		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chesterfield	MI	48047
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6188072</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
International Union UAW	staff	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="231.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeanine Ruth</b>		Date of Receipt
Mailing Address 48584 Sugarbush		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chesterfield	MI	48047
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6210489</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
International Union UAW	staff	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="231.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paul S Samra</b>		Date of Receipt
Mailing Address 4855 Winterbrook Ave		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dublin	CA	94568
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6039504</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 227 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Paul S Samra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4855 Winterbrook Ave  
 City State Zip Code  
 Dublin CA 94568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039505**  
 Amount of Each Receipt this Period  
 20.00

**B. Paul S Samra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4855 Winterbrook Ave  
 City State Zip Code  
 Dublin CA 94568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039509**  
 Amount of Each Receipt this Period  
 20.00

**C. Paul S Samra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4855 Winterbrook Ave  
 City State Zip Code  
 Dublin CA 94568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172187**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Paul S Samra</b>		Date of Receipt
Mailing Address 4855 Winterbrook Ave		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dublin	CA	94568
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6172188</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Paul S Samra</b>		Date of Receipt
Mailing Address 4855 Winterbrook Ave		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dublin	CA	94568
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6172189</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Patricia Sanchez</b>		Date of Receipt
Mailing Address PO Box 14841		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oakland	CA	94614-0841
FEC ID number of contributing federal political committee.		<b>Transaction ID : C5948250</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
LOCAL 29	Secretary-Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Patricia Sanchez</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2013 <b>Transaction ID : C6005070</b>
Mailing Address PO Box 14841		Amount of Each Receipt this Period 40.00
City Oakland	State CA	Zip Code 94614-0841
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation Secretary-Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Sanchez</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : C6053267</b>
Mailing Address PO Box 14841		Amount of Each Receipt this Period 50.00
City Oakland	State CA	Zip Code 94614-0841
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation Secretary-Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia Sanchez</b>		Date of Receipt MM / DD / YYYY 10 / 10 / 2013 <b>Transaction ID : C6141822</b>
Mailing Address PO Box 14841		Amount of Each Receipt this Period 40.00
City Oakland	State CA	Zip Code 94614-0841
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation Secretary-Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Patricia Sanchez**

Mailing Address **PO Box 14841**

City **Oakland** State **CA** Zip Code **94614-0841**

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

Name of Employer **LOCAL 29** Occupation **Secretary-Treasurer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2013			

**Transaction ID : C6182065**

Amount of Each Receipt this Period  

50.00
-------

Full Name (Last, First, Middle Initial)  
**B. Patricia Sanchez**

Mailing Address **PO Box 14841**

City **Oakland** State **CA** Zip Code **94614-0841**

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

Name of Employer **LOCAL 29** Occupation **Secretary-Treasurer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2013			

**Transaction ID : C6202904**

Amount of Each Receipt this Period  

40.00
-------

Full Name (Last, First, Middle Initial)  
**C. JAVIER L SANDOVAL**

Mailing Address **1 RANGER RD**

City **Hollis** State **NH** Zip Code **03049**

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

Name of Employer **American Income Life Ins.** Occupation **Agent**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2013			

**Transaction ID : C6045906**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 231 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JAVIER L SANDOVAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 RANGER RD  
 City Hollis State NH Zip Code 03049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6045907**  
 Amount of Each Receipt this Period  
 100.00

**B. JAVIER L SANDOVAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 RANGER RD  
 City Hollis State NH Zip Code 03049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6045908**  
 Amount of Each Receipt this Period  
 100.00

**C. JAVIER L SANDOVAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 RANGER RD  
 City Hollis State NH Zip Code 03049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6178098**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 232 OF 302
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JAVIER L SANDOVAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 RANGER RD

City Hollis State NH Zip Code 03049

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6178099**

Amount of Each Receipt this Period  
**100.00**

**B. JAVIER L SANDOVAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 RANGER RD

City Hollis State NH Zip Code 03049

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6178100**

Amount of Each Receipt this Period  
**100.00**

**C. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Summer Spring Dr

City Spring State TX Zip Code 77373

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 ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039404**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2302 Summer Spring Dr  
City Spring State TX Zip Code 77373  
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 300.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6039405  
Amount of Each Receipt this Period 25.00

**B. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2302 Summer Spring Dr  
City Spring State TX Zip Code 77373  
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 300.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6039406  
Amount of Each Receipt this Period 25.00

**C. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2302 Summer Spring Dr  
City Spring State TX Zip Code 77373  
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 300.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172092  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... 75.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Tim D Schroeder</b>		Date of Receipt
Mailing Address 2302 Summer Spring Dr		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City Spring	State TX	Zip Code 77373
FEC ID number of contributing federal political committee. C		<b>Transaction ID : C6172093</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	300.00	

Full Name (Last, First, Middle Initial) <b>B. Tim D Schroeder</b>		Date of Receipt
Mailing Address 2302 Summer Spring Dr		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City Spring	State TX	Zip Code 77373
FEC ID number of contributing federal political committee. C		<b>Transaction ID : C6172094</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	300.00	

Full Name (Last, First, Middle Initial) <b>C. Cynthia Schu</b>		Date of Receipt
Mailing Address 5041 SW Prince St		M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2013
City Seattle	State WA	Zip Code 98116-2322
FEC ID number of contributing federal political committee. C		<b>Transaction ID : C5931512</b>
Name of Employer LOCAL 8		Amount of Each Receipt this Period
Occupation S.T./ Org. Director		10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	300.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Cynthia Schu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5041 SW Prince St  
City Seattle State WA Zip Code 98116-2322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.36**

Date of Receipt **07 / 30 / 2013**  
**Transaction ID : C5981659**  
Amount of Each Receipt this Period **10.00**

**B. Cynthia Schu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5041 SW Prince St  
City Seattle State WA Zip Code 98116-2322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.36**

Date of Receipt **09 / 04 / 2013**  
**Transaction ID : C6053023**  
Amount of Each Receipt this Period **10.00**

**C. Cynthia Schu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5041 SW Prince St  
City Seattle State WA Zip Code 98116-2322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.36**

Date of Receipt **10 / 03 / 2013**  
**Transaction ID : C6125314**  
Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **30.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Cynthia Schu</b>			Date of Receipt
Mailing Address 5041 SW Prince St			<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6185171</b>
Seattle	WA	98116-2322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="58.61"/>
Name of Employer	Occupation		
LOCAL 8	S.T./ Org. Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.36"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Cynthia Schu</b>			Date of Receipt
Mailing Address 5041 SW Prince St			<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6185274</b>
Seattle	WA	98116-2322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="24.00"/>
Name of Employer	Occupation		
LOCAL 8	S.T./ Org. Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.36"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Cynthia Schu</b>			Date of Receipt
Mailing Address 5041 SW Prince St			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6181913</b>
Seattle	WA	98116-2322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
LOCAL 8	S.T./ Org. Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.36"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="92.61"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Cynthia Schu</b>		Date of Receipt
Mailing Address 5041 SW Prince St		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Seattle	WA	98116-2322
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6196991</b>
Name of Employer		Amount of Each Receipt this Period
LOCAL 8	Occupation	<input type="text" value="10.00"/>
Receipt For:	S.T./ Org. Director	
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.36"/>	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Schu</b>		Date of Receipt
Mailing Address 5041 SW Prince St		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Seattle	WA	98116-2322
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6209223</b>
Name of Employer		Amount of Each Receipt this Period
LOCAL 8	Occupation	<input type="text" value="10.00"/>
Receipt For:	S.T./ Org. Director	
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.36"/>	

Full Name (Last, First, Middle Initial) <b>C. Joe Serrano</b>		Date of Receipt
Mailing Address 6070 Gateway E Suite 5006		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
El Paso	TX	79905
FEC ID number of contributing federal political committee.		<b>Transaction ID : C5948568</b>
Name of Employer		Amount of Each Receipt this Period
local 4873	Occupation	<input type="text" value="50.00"/>
Receipt For:	Bus. Rep.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Joe Serrano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6070 Gateway E  
Suite 5006

City El Paso State TX Zip Code 79905

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

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 05 / 2013**

**Transaction ID : C5991759**

Amount of Each Receipt this Period  
**50.00**

**B. Joe Serrano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6070 Gateway E  
Suite 5006

City El Paso State TX Zip Code 79905

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

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 04 / 2013**

**Transaction ID : C6053188**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 6070 Gateway E  
Suite 5006

City El Paso State TX Zip Code 79905

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

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 03 / 2013**

**Transaction ID : C6125297**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Joe Serrano</b>		Date of Receipt 11 / 05 / 2013 <b>Transaction ID : C6182086</b>
Mailing Address 6070 Gateway E Suite 5006		Amount of Each Receipt this Period 50.00
City El Paso	State TX	Zip Code 79905
FEC ID number of contributing federal political committee.	C	
Name of Employer local 4873	Occupation Bus. Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Joe Serrano</b>		Date of Receipt 12 / 04 / 2013 <b>Transaction ID : C6196972</b>
Mailing Address 6070 Gateway E Suite 5006		Amount of Each Receipt this Period 50.00
City El Paso	State TX	Zip Code 79905
FEC ID number of contributing federal political committee.	C	
Name of Employer local 4873	Occupation Bus. Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Donna Shaffer</b>		Date of Receipt 07 / 16 / 2013 <b>Transaction ID : C5978028</b>
Mailing Address 17609 N 8th Ave		Amount of Each Receipt this Period 38.48
City Phoenix	State AZ	Zip Code 85023-2604
FEC ID number of contributing federal political committee.	C	
Name of Employer OPEIU	Occupation REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Donna Shaffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17609 N 8th Ave

City Phoenix	State AZ	Zip Code 85023-2604
-----------------	-------------	------------------------

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

Name of Employer OPEIU	Occupation REPRESENTATIVE
---------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003741**

Amount of Each Receipt this Period  
 38.48

**B. Donna Shaffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17609 N 8th Ave

City Phoenix	State AZ	Zip Code 85023-2604
-----------------	-------------	------------------------

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

Name of Employer OPEIU	Occupation REPRESENTATIVE
---------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C6056273**

Amount of Each Receipt this Period  
 38.48

**C. Donna Shaffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17609 N 8th Ave

City Phoenix	State AZ	Zip Code 85023-2604
-----------------	-------------	------------------------

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

Name of Employer OPEIU	Occupation REPRESENTATIVE
---------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2013  
**Transaction ID : C6147561**

Amount of Each Receipt this Period  
 38.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.44
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 302
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Donna Shaffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17609 N 8th Ave

City Phoenix	State AZ	Zip Code 85023-2604
-----------------	-------------	------------------------

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

Name of Employer OPEIU	Occupation REPRESENTATIVE
---------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2013

**Transaction ID : C6187826**

Amount of Each Receipt this Period  
57.72

**B. Donna Shaffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17609 N 8th Ave

City Phoenix	State AZ	Zip Code 85023-2604
-----------------	-------------	------------------------

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

Name of Employer OPEIU	Occupation REPRESENTATIVE
---------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

**Transaction ID : C6203515**

Amount of Each Receipt this Period  
38.48

**C. Beth E Snow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4313 Whitehoof Way

City Antioch	State CA	Zip Code 94531
-----------------	-------------	-------------------

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 ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039428**

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Beth E Snow</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039429</b>
Mailing Address 4313 Whitehoof Way		Amount of Each Receipt this Period 80.00
City Antioch	State CA	Zip Code 94531
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) <b>B. Beth E Snow</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039430</b>
Mailing Address 4313 Whitehoof Way		Amount of Each Receipt this Period 80.00
City Antioch	State CA	Zip Code 94531
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) <b>C. Beth E Snow</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172113</b>
Mailing Address 4313 Whitehoof Way		Amount of Each Receipt this Period 80.00
City Antioch	State CA	Zip Code 94531
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Beth E Snow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4313 Whitehoof Way  
City Antioch State CA Zip Code 94531  
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 960.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172114  
Amount of Each Receipt this Period 80.00

**B. Beth E Snow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4313 Whitehoof Way  
City Antioch State CA Zip Code 94531  
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 960.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172115  
Amount of Each Receipt this Period 80.00

**C. Curt D Snow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 827 Buckingham Place  
City Danville State CA Zip Code 94506  
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 960.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6039434  
Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional)..... 240.00  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 244 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Curt D Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 Buckingham Place  
 City Danville State CA Zip Code 94506  
 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 ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039435**  
 Amount of Each Receipt this Period  
 80.00

**B. Curt D Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 Buckingham Place  
 City Danville State CA Zip Code 94506  
 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 ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039436**  
 Amount of Each Receipt this Period  
 80.00

**C. Curt D Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 Buckingham Place  
 City Danville State CA Zip Code 94506  
 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 ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172119**  
 Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Curt D Snow</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172120</b>
Mailing Address 827 Buckingham Place		Amount of Each Receipt this Period 80.00
City Danville	State CA	Zip Code 94506
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) <b>B. Curt D Snow</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172121</b>
Mailing Address 827 Buckingham Place		Amount of Each Receipt this Period 80.00
City Danville	State CA	Zip Code 94506
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) <b>C. Scott E Sonnenberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6039455</b>
Mailing Address 236 Leaf Ln		Amount of Each Receipt this Period 100.00
City Alabaster	State AL	Zip Code 35007
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Scott E Sonnenberg</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039456</b>
Mailing Address 236 Leaf Ln		Amount of Each Receipt this Period 100.00
City Alabaster	State AL	Zip Code 35007
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Scott E Sonnenberg</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039457</b>
Mailing Address 236 Leaf Ln		Amount of Each Receipt this Period 100.00
City Alabaster	State AL	Zip Code 35007
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Scott E Sonnenberg</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172140</b>
Mailing Address 236 Leaf Ln		Amount of Each Receipt this Period 100.00
City Alabaster	State AL	Zip Code 35007
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 247 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Scott E Sonnenberg**

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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 ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172141**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Scott E Sonnenberg**

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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 ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172142**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Rona Spano**

Mailing Address 8225 Bailey Rd

City Darien State IL Zip Code 60561

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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038395**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Rona Spano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8225 Bailey Rd  
City Darien State IL Zip Code 60561  
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 240.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6038396  
Amount of Each Receipt this Period 20.00

**B. Rona Spano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8225 Bailey Rd  
City Darien State IL Zip Code 60561  
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 240.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6038397  
Amount of Each Receipt this Period 20.00

**C. Rona Spano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8225 Bailey Rd  
City Darien State IL Zip Code 60561  
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 240.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6171119  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... 60.00  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 249 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Rona Spano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8225 Bailey Rd  
 City Darien State IL Zip Code 60561  
 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171120**  
 Amount of Each Receipt this Period  
 20.00

**B. Rona Spano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8225 Bailey Rd  
 City Darien State IL Zip Code 60561  
 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171121**  
 Amount of Each Receipt this Period  
 20.00

**C. JOHN C SPARBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1731 HICKORY HILL DR  
 City EAGAN State MN Zip Code 55122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040309**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 250 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JOHN C SPARBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1731 HICKORY HILL DR  
 City EAGAN State MN Zip Code 55122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040310**  
 Amount of Each Receipt this Period  
 40.00

**B. JOHN C SPARBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1731 HICKORY HILL DR  
 City EAGAN State MN Zip Code 55122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040311**  
 Amount of Each Receipt this Period  
 40.00

**C. JOHN C SPARBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1731 HICKORY HILL DR  
 City EAGAN State MN Zip Code 55122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172875**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 251 OF 302  
(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"/> 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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JOHN C SPARBY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1731 HICKORY HILL DR  
City EAGAN State MN Zip Code 55122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6172876**  
Amount of Each Receipt this Period  
40.00

**B. JOHN C SPARBY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1731 HICKORY HILL DR  
City EAGAN State MN Zip Code 55122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6172877**  
Amount of Each Receipt this Period  
40.00

**C. James M Surace**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12301 Ridge Rd  
City Cleveland State OH Zip Code 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 ▼ 4992.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6038760**  
Amount of Each Receipt this Period  
416.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 496.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. James M Surace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 Ridge Rd  
 City Cleveland State OH Zip Code 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 4992.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038761**  
 Amount of Each Receipt this Period 416.00

**B. James M Surace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 Ridge Rd  
 City Cleveland State OH Zip Code 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 4992.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038762**  
 Amount of Each Receipt this Period 416.00

**C. James M Surace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 Ridge Rd  
 City Cleveland State OH Zip Code 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 4992.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171479**  
 Amount of Each Receipt this Period 416.00

**SUBTOTAL** of Receipts This Page (optional)..... 1248.00  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 253 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. James M Surace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 Ridge Rd  
 City Cleveland State OH Zip Code 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 ▼ 4992.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171480**  
 Amount of Each Receipt this Period  
 416.00

**B. James M Surace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 Ridge Rd  
 City Cleveland State OH Zip Code 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 ▼ 4992.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171481**  
 Amount of Each Receipt this Period  
 416.00

**C. Lily T Tchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5481 Myra Ave  
 City Cypress State CA Zip Code 90630  
 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039388**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 852.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Lily T Tchen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5481 Myra Ave

City Cypress	State CA	Zip Code 90630
-----------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039389**

Amount of Each Receipt this Period  
 20.00

**B. Lily T Tchen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5481 Myra Ave

City Cypress	State CA	Zip Code 90630
-----------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039390**

Amount of Each Receipt this Period  
 20.00

**C. Lily T Tchen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5481 Myra Ave

City Cypress	State CA	Zip Code 90630
-----------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172076**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lily T Tchen</b>		Date of Receipt
Mailing Address 5481 Myra Ave		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Cypress	State CA	Zip Code 90630
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6172077</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="240.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Lily T Tchen</b>		Date of Receipt
Mailing Address 5481 Myra Ave		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Cypress	State CA	Zip Code 90630
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6172081</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="240.00"/>		

Full Name (Last, First, Middle Initial) <b>C. RANDY E TEYSSIER</b>		Date of Receipt
Mailing Address 103 TARTAN RD		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City GIBSONIA	State PA	Zip Code 15044
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6046351</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Agent		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. RANDY E TEYSSIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 TARTAN RD  
 City GIBSONIA State PA Zip Code 15044  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6046352  
 Amount of Each Receipt this Period 200.00

**B. Randy E Teyssier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 Jack Pine Ct  
 City Gibsonia State PA Zip Code 15044  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Insurance Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1400.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6039807  
 Amount of Each Receipt this Period 200.00

**C. RANDY E TEYSSIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 TARTAN RD  
 City GIBSONIA State PA Zip Code 15044  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 05 / 2013  
 Transaction ID : C6178634  
 Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... 600.00  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. RANDY E TEYSSIER</b>		Date of Receipt
Mailing Address 103 TARTAN RD		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
GIBSONIA	PA	15044
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6178635</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Agent	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. RANDY E TEYSSIER</b>		Date of Receipt
Mailing Address 103 TARTAN RD		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
GIBSONIA	PA	15044
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6178636</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Agent	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JEFFERY P THIEL</b>		Date of Receipt
Mailing Address 12065 WESHIRE PL		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
MARYLAND HEIGHTS	MO	63043
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6040329</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JEFFERY P THIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12065 WESHIRE PL  
 City MARYLAND HEIGHTS State MO Zip Code 63043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040330**  
 Amount of Each Receipt this Period  
 100.00

**B. JEFFERY P THIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12065 WESHIRE PL  
 City MARYLAND HEIGHTS State MO Zip Code 63043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040331**  
 Amount of Each Receipt this Period  
 100.00

**C. JEFFERY P THIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12065 WESHIRE PL  
 City MARYLAND HEIGHTS State MO Zip Code 63043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172891**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 259 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. JEFFERY P THIEL**

Mailing Address 12065 WESHIRE PL

City State Zip Code  
 MARYLAND HEIGHTS MO 63043

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

Name of Employer Occupation  
 American Income Life Ins. Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172892**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Krista M Thieme**

Mailing Address 16825 N 14Th St #93

City State Zip Code  
 Phoenix AZ 85022

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

Name of Employer Occupation  
 American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6039408**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Krista M Thieme**

Mailing Address 16825 N 14Th St #93

City State Zip Code  
 Phoenix AZ 85022

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

Name of Employer Occupation  
 American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6039409**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Krista M Thieme</b>			Date of Receipt		
Mailing Address 16825 N 14Th St #93			M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013		
City State Zip Code Phoenix AZ 85022			<b>Transaction ID : C6039410</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 25.00		
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>B. Krista M Thieme</b>			Date of Receipt		
Mailing Address 16825 N 14Th St #93			M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013		
City State Zip Code Phoenix AZ 85022			<b>Transaction ID : C6172095</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 25.00		
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>C. Krista M Thieme</b>			Date of Receipt		
Mailing Address 16825 N 14Th St #93			M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013		
City State Zip Code Phoenix AZ 85022			<b>Transaction ID : C6172096</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 25.00		
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 261 OF 302  
(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"/> 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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Krista M Thieme**

Mailing Address 16825 N 14Th St #93

City Phoenix State AZ Zip Code 85022

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6172097**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Robert A Ulreich**

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

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 M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6038372**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Robert A Ulreich**

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

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 M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6038373**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Robert A Ulreich</b>		Date of Receipt
Mailing Address 180 Vista Del Mor		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Rafael	CA	94901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6038374</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Robert A Ulreich</b>		Date of Receipt
Mailing Address 180 Vista Del Mor		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Rafael	CA	94901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6171098</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Robert A Ulreich</b>		Date of Receipt
Mailing Address 180 Vista Del Mor		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Rafael	CA	94901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6171099</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Robert A Ulreich</b>		Date of Receipt
Mailing Address 180 Vista Del Mor		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Rafael	CA	94901
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6171100</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rachelle Valdez</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6046439</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rachelle Valdez</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6178751</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4426 S TECHNOLOGY DRIVE

City State Zip Code  
SIOUX FALLS SD 57106

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6041513**

Amount of Each Receipt this Period

**B. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4426 S TECHNOLOGY DRIVE

City State Zip Code  
SIOUX FALLS SD 57106

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6041514**

Amount of Each Receipt this Period

**C. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4426 S TECHNOLOGY DRIVE

City State Zip Code  
SIOUX FALLS SD 57106

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6041515**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4426 S TECHNOLOGY DRIVE

City SIOUX FALLS	State SD	Zip Code 57106
---------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		05		2013

**Transaction ID : C6173762**

Amount of Each Receipt this Period  

100.00
--------

**B. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4426 S TECHNOLOGY DRIVE

City SIOUX FALLS	State SD	Zip Code 57106
---------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		05		2013

**Transaction ID : C6173763**

Amount of Each Receipt this Period  

100.00
--------

**C. Denice Washington**  
Full Name (Last, First, Middle Initial)

Mailing Address 1545 69th Ave

City Oakland	State CA	Zip Code 94621
-----------------	-------------	-------------------

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

Name of Employer OPEIU Local 29	Occupation Business Representative
------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		11		2013

**Transaction ID : C5948257**

Amount of Each Receipt this Period  

40.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Denice Washington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1545 69th Ave

City Oakland	State CA	Zip Code 94621
-----------------	-------------	-------------------

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

Name of Employer OPEIU Local 29	Occupation Business Representative
------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2013

**Transaction ID : C6005079**

Amount of Each Receipt this Period  

40.00
-------

**B. Denice Washington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1545 69th Ave

City Oakland	State CA	Zip Code 94621
-----------------	-------------	-------------------

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

Name of Employer OPEIU Local 29	Occupation Business Representative
------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2013

**Transaction ID : C6053286**

Amount of Each Receipt this Period  

50.00
-------

**C. Denice Washington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1545 69th Ave

City Oakland	State CA	Zip Code 94621
-----------------	-------------	-------------------

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

Name of Employer OPEIU Local 29	Occupation Business Representative
------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2013

**Transaction ID : C6141830**

Amount of Each Receipt this Period  

40.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Denice Washington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1545 69th Ave  
City Oakland State CA Zip Code 94621  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Local 29 Occupation Business Representative  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : C6182071**  
Amount of Each Receipt this Period **50.00**

**B. Denice Washington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1545 69th Ave  
City Oakland State CA Zip Code 94621  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Local 29 Occupation Business Representative  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 11 / 2013**  
**Transaction ID : C6202911**  
Amount of Each Receipt this Period **40.00**

**C. JAMI WEATHERSPOON JR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9880 WESTPOINT DR STE 500  
City INDIANAPOLIS State IN Zip Code 46256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C6041186**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **140.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JAMI WEATHERSPOON JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6041187**

Amount of Each Receipt this Period

**B. JAMI WEATHERSPOON JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6041188**

Amount of Each Receipt this Period

**C. JAMI WEATHERSPOON JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance	Occupation Agent
----------------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6173538**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. JAMI WEATHERSPOON JR</b>		Date of Receipt
Mailing Address 9880 WESTPOINT DR STE 500		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City	State	Zip Code
INDIANAPOLIS	IN	46256
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : C6173539</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Agent	50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	450.00	

Full Name (Last, First, Middle Initial) <b>B. JAMI WEATHERSPOON JR</b>		Date of Receipt
Mailing Address 9880 WESTPOINT DR STE 500		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City	State	Zip Code
INDIANAPOLIS	IN	46256
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : C6173540</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Agent	50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	450.00	

Full Name (Last, First, Middle Initial) <b>C. JEREMY WELCH</b>		Date of Receipt
Mailing Address 5111 NATALIE DR		M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013
City	State	Zip Code
BRYANT	AR	72022
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : C6040865</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Agent	100.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JEREMY WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5111 NATALIE DR

City BRYANT State AR Zip Code 72022

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6040866**

Amount of Each Receipt this Period  
 100.00

**B. JEREMY WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5111 NATALIE DR

City BRYANT State AR Zip Code 72022

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6040867**

Amount of Each Receipt this Period  
 100.00

**C. JEREMY WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5111 NATALIE DR

City BRYANT State AR Zip Code 72022

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6173313**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. JEREMY WELCH</b>		Date of Receipt
Mailing Address 5111 NATALIE DR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
BRYANT	AR	72022
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6173314</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JEREMY WELCH</b>		Date of Receipt
Mailing Address 5111 NATALIE DR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
BRYANT	AR	72022
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6173315</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Jacqueline K White-Brown</b>		Date of Receipt
Mailing Address 128 W Olive Ave		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Monrovia	CA	91016-3410
FEC ID number of contributing federal political committee.		<b>Transaction ID : C5931480</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
OPEIU LOCAL 537	Sec.Treas./Bus. Mgr.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="530.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 272 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Jacqueline K White-Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 W Olive Ave  
 City Monrovia State CA Zip Code 91016-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 537 Occupation Sec.Treas./Bus. Mgr.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 08 / 05 / 2013  
**Transaction ID : C5991734**  
 Amount of Each Receipt this Period 50.00

**B. Jacqueline K White-Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 W Olive Ave  
 City Monrovia State CA Zip Code 91016-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 537 Occupation Sec.Treas./Bus. Mgr.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 09 / 04 / 2013  
**Transaction ID : C6053176**  
 Amount of Each Receipt this Period 50.00

**C. Jacqueline K White-Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 W Olive Ave  
 City Monrovia State CA Zip Code 91016-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 537 Occupation Sec.Treas./Bus. Mgr.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 10 / 03 / 2013  
**Transaction ID : C6120423**  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Jacqueline K White-Brown</b>		Date of Receipt
Mailing Address 128 W Olive Ave		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Monrovia CA 91016-3410		<b>Transaction ID : C6181883</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Name of Employer OPEIU LOCAL 537	Occupation Sec.Treas./Bus. Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="530.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jacqueline K White-Brown</b>		Date of Receipt
Mailing Address 128 W Olive Ave		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City State Zip Code Monrovia CA 91016-3410		<b>Transaction ID : C6196961</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer OPEIU LOCAL 537	Occupation Sec.Treas./Bus. Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="530.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Cynthia J Wilhelmi</b>		Date of Receipt
Mailing Address 2912 S Louise Ave #105		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Sioux Falls SD 57106		<b>Transaction ID : C6039458</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Cynthia J Wilhelmi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2912 S Louise Ave #105  
 City Sioux Falls State SD Zip Code 57106  
 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 ▼ 1200.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039459**  
 Amount of Each Receipt this Period  
 100.00

**B. Cynthia J Wilhelmi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2912 S Louise Ave #105  
 City Sioux Falls State SD Zip Code 57106  
 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 ▼ 1200.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039460**  
 Amount of Each Receipt this Period  
 100.00

**C. Cynthia J Wilhelmi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2912 S Louise Ave #105  
 City Sioux Falls State SD Zip Code 57106  
 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 ▼ 1200.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6172143**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Cynthia J Wilhelmi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2912 S Louise Ave #105  
 City State Zip Code  
 Sioux Falls SD 57106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172144**  
 Amount of Each Receipt this Period  
 100.00

**B. Cynthia J Wilhelmi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2912 S Louise Ave #105  
 City State Zip Code  
 Sioux Falls SD 57106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172145**  
 Amount of Each Receipt this Period  
 100.00

**C. Tom Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S Pine Island Rd Ste 308  
 City State Zip Code  
 Plantation FL 33324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039467**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Tom Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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 ▼  
2210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6039468**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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 ▼  
2210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6039469**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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 ▼  
2210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172152**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Tom Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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 ▼  
2210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172153**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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 ▼  
2210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6172154**

Amount of Each Receipt this Period  
200.00

**C. GEVORG YANUKYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 LEE ST

City Elmwood Park	State NJ	Zip Code 07407
----------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
-----------------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6046768**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. GEVORG YANUKYAN</b>		Date of Receipt
Mailing Address 202 LEE ST		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Elmwood Park	NJ	07407
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6046769</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. GEVORG YANUKYAN</b>		Date of Receipt
Mailing Address 202 LEE ST		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Elmwood Park	NJ	07407
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6046770</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GEVORG YANUKYAN</b>		Date of Receipt
Mailing Address 202 LEE ST		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Elmwood Park	NJ	07407
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6179135</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. GEVORG YANUKYAN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6179136</b>
Mailing Address 202 LEE ST		Amount of Each Receipt this Period 100.00
City Elmwood Park	State NJ Zip Code 07407	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer American Income Life Ins.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. GEVORG YANUKYAN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6179137</b>
Mailing Address 202 LEE ST		Amount of Each Receipt this Period 100.00
City Elmwood Park	State NJ Zip Code 07407	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer American Income Life Ins.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Wilma Zimmerman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2013 <b>Transaction ID : C5948576</b>
Mailing Address PO Box 22699		Amount of Each Receipt this Period 50.00
City Savannah	State GA Zip Code 31403	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer OPEIU Local 4873	Occupation Rep (KY)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 280 OF 302  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Wilma Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 22699  
 City Savannah State GA Zip Code 31403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 4873 Occupation Rep (KY)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2013  
**Transaction ID : C5991767**  
 Amount of Each Receipt this Period  
 50.00

**B. Wilma Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 22699  
 City Savannah State GA Zip Code 31403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 4873 Occupation Rep (KY)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053196**  
 Amount of Each Receipt this Period  
 50.00

**C. Wilma Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 22699  
 City Savannah State GA Zip Code 31403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 4873 Occupation Rep (KY)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2013  
**Transaction ID : C6125305**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Wilma Zimmerman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 22699

City Savannah	State GA	Zip Code 31403
------------------	-------------	-------------------

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

Name of Employer OPEIU Local 4873	Occupation Rep (KY)
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6182089**

Amount of Each Receipt this Period  

50.00
-------

**B. Wilma Zimmerman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 22699

City Savannah	State GA	Zip Code 31403
------------------	-------------	-------------------

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

Name of Employer OPEIU Local 4873	Occupation Rep (KY)
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

**Transaction ID : C6196980**

Amount of Each Receipt this Period  

50.00
-------

**c. David S Zophin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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 ▼ **2400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039470**

Amount of Each Receipt this Period  

200.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. David S Zophin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S Pine Island Rd Ste 308  
 City Plantation State FL Zip Code 33324  
 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 2400.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039471**  
 Amount of Each Receipt this Period  
 200.00

**B. David S Zophin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S Pine Island Rd Ste 308  
 City Plantation State FL Zip Code 33324  
 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 2400.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039472**  
 Amount of Each Receipt this Period  
 200.00

**c. David S Zophin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S Pine Island Rd Ste 308  
 City Plantation State FL Zip Code 33324  
 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 2400.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6172155**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 302
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. David S Zophin</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172156</b>
Mailing Address 300 S Pine Island Rd Ste 308		Amount of Each Receipt this Period 200.00
City Plantation	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>B. David S Zophin</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172157</b>
Mailing Address 300 S Pine Island Rd Ste 308		Amount of Each Receipt this Period 200.00
City Plantation	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	76681.15

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 284 OF 302
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6024023**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**B. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6145889**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6145890**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="76.20"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 285 OF 302
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. CITIBANK, F.S.B.</b>		Date of Receipt
Mailing Address 1101 Pennsylvania Avenue, N.W.		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<b>Transaction ID : C6206309</b>	
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="30.29"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="316.30"/>	

Full Name (Last, First, Middle Initial) <b>B. CITIBANK, F.S.B.</b>		Date of Receipt
Mailing Address 1101 Pennsylvania Avenue, N.W.		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<b>Transaction ID : C6206311</b>	
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="30.02"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="316.30"/>	

Full Name (Last, First, Middle Initial) <b>C. CITIBANK, F.S.B.</b>		Date of Receipt
Mailing Address 1101 Pennsylvania Avenue, N.W.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<b>Transaction ID : C6213088</b>	
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="31.03"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="316.30"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="91.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="167.54"/>

**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 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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. NGP Software**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
PAC Software

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Filing Software**

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2013

Transaction ID : D324225

Amount of Each Disbursement this Period

1125.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1125.00

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

1125.00

**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. ALASKA DEMOCRATIC PARTY**

Mailing Address 2602 FAIRBANKS ST

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
General, AK

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		20		2013

Transaction ID : D326828

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ALEX SINK FOR CONGRESS**

Mailing Address PO BOX 17271

City CLEARWATER State FL Zip Code 33762

Purpose of Disbursement  
Congress, FL, 13

011

Candidate Name

ALEX SINK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2013

Transaction ID : D326683

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Alison for Kentucky**

Mailing Address 340 DEMOCRAT DRIVE

City FRANKFORT State KY Zip Code 40601

Purpose of Disbursement  
US Senate, KY, General

011

Candidate Name

ALISON LUNDERGAN GRIMES

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2013

Transaction ID : D324620

Amount of Each Disbursement this Period

2500.00
---------

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

7500.00
---------

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

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**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. ANNIE KUSTER VICTORY FUND**

Mailing Address 1 PARK ROW 5TH FL

City PROVIDENCE State RI Zip Code 02903

Purpose of Disbursement Congress, NH, 02

Candidate Name

Office Sought:  House  Senate  President  
State: NH District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2013

Transaction ID : D326706

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR BOYLE**

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement Congress, PA, Primary

Candidate Name

**BRENDAN F BOYLE**

Office Sought:  House  Senate  President  
State: PA District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 26 / 2013

Transaction ID : D326840

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement Congress, CT, 05

Candidate Name

**ELIZABETH ESTY**

Office Sought:  House  Senate  President  
State: CT District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2013

Transaction ID : D326705

Amount of Each Disbursement this Period

2500.00

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

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

7500.00



**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. ERIN BILBRAY FOR CONGRESS**

Mailing Address 9101 W SAHARA AVE STE 105 B20

City LAS VEGAS State NV Zip Code 89117

Purpose of Disbursement  
Congress, NV, 03

011

Candidate Name

ERIN BILBRAY KOHN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : D326687

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. GARAMENDI FOR CONGRESS**

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.  
3605 LONG BEACH BLVD., STE. 426

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement  
Congress, 3rd, Primary

011

Candidate Name

JOHN GARAMENDI

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			18			2013			

Transaction ID : D318446

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JENNIFER GARRISON FOR CONGRESS**

Mailing Address 427 5TH ST

City MARIETTA State OH Zip Code 45750

Purpose of Disbursement  
Congress, OH 06

011

Candidate Name

JENNIFER D GARRISON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : D326692

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6000.00
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**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. CANNON FOR CONGRESS**

Mailing Address PO BOX 954

City TRVERSE CITY State MI Zip Code 49685

Purpose of Disbursement Congress, MI, 01

Candidate Name

**JERRY CANNON**

Office Sought:  House  Senate  President

State: MI District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2013

Transaction ID : D326691

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Jerry McNerney**

Mailing Address 6520 Village Parkway  
2nd Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement Congress, 9th, CA

Candidate Name

**Jerry McNerney**

Office Sought:  House  Senate  President

State: CA District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2013

Transaction ID : D327594

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JOE MIKLOSI FOR CONGRESS**

Mailing Address PO BOX 3975

City GREENWOOD VILLAGE State CO Zip Code 80155

Purpose of Disbursement Congress, 6th, CO

Candidate Name

**JOE MIKLOSI**

Office Sought:  House  Senate  President

State: CO District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2013

Transaction ID : D319798

Amount of Each Disbursement this Period

-1000.00

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

2500.00

**TOTAL** 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)

<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)

**A. MONTANANS FOR LEWIS**

Mailing Address PO BOX 1916

City BILLINGS State MT Zip Code 59103

Purpose of Disbursement  
Congress, MT-AL

011

Candidate Name

**JOHN LEWIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : D326700

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. KEEP NICK RAHALL IN CONGRESS COMMITTEE**

Mailing Address P O BOX 64

City BECKLEY State WV Zip Code 25802

Purpose of Disbursement  
3rd District - WV

011

Candidate Name

**NICK JOE II RAHALL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2013			

Transaction ID : D319794

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**C. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement  
Congress, AZ, Primary

011

Candidate Name

**KYRSTEN SINEMA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : D326679

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. Loretta Sanchez**

Mailing Address 604 S. Harbor Blvd.

City Santa Ana State CA Zip Code 92704

Purpose of Disbursement  
CA 47 General

011

Candidate Name

Loretta Sanchez

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 47

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

Transaction ID : D321612

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Mark Begish**

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement  
US Senate AK

011

Candidate Name

MARK BEGICH

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AK District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	1	3

Transaction ID : D326827

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT MARTHA ROBERTSON**

Mailing Address PO BOX 54

City DRYDEN State NY Zip Code 13053

Purpose of Disbursement  
Congress, NY,23

011

Candidate Name

MARTHA ROBERTSON

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	1	3

Transaction ID : D326703

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. Moran For Congress**

Mailing Address 311 NORTH WASHINGTON STREET  
SUITE 200L

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Congress, 8th VA

011

Candidate Name

JAMES P. JR. MORAN JR

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2013

Transaction ID : D327597

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Congress, General

011

Candidate Name

NANCY PELOSI

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2013

Transaction ID : D324622

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. NEIL ABERCROMBIE**

Mailing Address 1050 Ala Moana Blvd  
Suite 2150

City Honolulu State HI Zip Code 96814

Purpose of Disbursement  
HI GOVERNOR

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2013

Transaction ID : D327624

Amount of Each Disbursement this Period

-6000.00

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

-2500.00

**TOTAL** 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)

<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. PACE FOR CONGRESS**

Mailing Address PO BOX 1510

City PUEBLO State CO Zip Code 81002

Purpose of Disbursement  
Congress, 3rd, CO

011

Candidate Name

SALVATORE II PACE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	3

Transaction ID : D319799

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. PAM BYRNES FOR CONGRESS**

Mailing Address PO BOX 485

City DEXTER State MI Zip Code 48130

Purpose of Disbursement  
Congress, MI, 07

011

Candidate Name

PAM BYRNES

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	1	3

Transaction ID : D326688

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PERLMUTTER FOR CONGRESS**

Mailing Address 3440 YOUNGFIELD STREET  
#264

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement  
Congress, 7th, CO

011

Candidate Name

EDWIN G PERLMUTTER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	3

Transaction ID : D319797

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. Roxanne Lara**

Mailing Address PO BOX 2326

City CARLSBAD State NM Zip Code 88221

Purpose of Disbursement  
Congress, NM, 02

011

Category/  
Type

Candidate Name

Roxanne Lara 2014

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 12 / 2013

Transaction ID : D326699

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. SESTAK FOR CONGRESS**

Mailing Address P.O. Box 16

City Media State PA Zip Code 19063

Purpose of Disbursement  
Congress PA, 7th

011

Category/  
Type

Candidate Name

Joe Sestak

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : D321614

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. SHAFFER FOR COLORADO**

Mailing Address PO BOX 1181

City LONGMONT State CO Zip Code 80502

Purpose of Disbursement  
Congress, 4th, CO

011

Category/  
Type

Candidate Name

BRANDON SHAFFER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 26 / 2013

Transaction ID : D319800

Amount of Each Disbursement this Period

-1000.00

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

6500.00

**TOTAL** 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)

<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. APPEL FOR IOWA INC**

Mailing Address PO BOX 702

City DES MOINES State IA Zip Code 50303

Purpose of Disbursement Congress, IA, 03

Candidate Name

**STACI APPEL**

Office Sought:  House  Senate  President

State: IA District: 03

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 12 / 2013

**Transaction ID : D326684**

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. SUZANNE PATRICK FOR CONGRESS**

Mailing Address PO BOX 3095

City VIRGINIA BEACH State VA Zip Code 23454

Purpose of Disbursement Congress, VA, 02

Candidate Name

**SUZANNE D PATRICK**

Office Sought:  House  Senate  President

State: VA District: 02

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 12 / 2013

**Transaction ID : D326701**

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Tim Bishop For Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement Congress, 1st, NY

Candidate Name

**Tim Bishop**

Office Sought:  House  Senate  President

State: NY District: 01

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 26 / 2013

**Transaction ID : D319795**

Amount of Each Disbursement this Period

-2000.00

011  
Category/  
Type

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

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

3000.00

46000.00





**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2013

Transaction ID : D319801

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2013

Transaction ID : D327633

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2013

Transaction ID : D327623

Amount of Each Disbursement this Period

20.00

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

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

60.00

**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)

**A. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2013

**Transaction ID : D326837**

Amount of Each Disbursement this Period

57.45
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**B. CITIBANK, F.S.B.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2013

**Transaction ID : D326838**

Amount of Each Disbursement this Period

57.45
-------

**C. CITIBANK, F.S.B.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : D326839**

Amount of Each Disbursement this Period

20.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

134.90
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**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Representative Harold Naughton**

Mailing Address 200 High Street

City Clinton State MA Zip Code 01510

Purpose of Disbursement  
State Representative - MA

011

Candidate Name

Harold Naughton

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2013

Transaction ID : D326680

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jim Frazier For Assembly**

Mailing Address 3377 Deer Valley Road

City Concord State CA Zip Code 94521

Purpose of Disbursement  
11th District Assembly, CA

Category/  
Type

Candidate Name

Jim Frazier

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2013

Transaction ID : D322056

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mark Schauer for Governor**

Mailing Address PO Box 100

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement  
Governor - MI

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2013

Transaction ID : D319165

Amount of Each Disbursement this Period

1000.00

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

1450.00

**TOTAL** 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)

<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. Dan McCrory**

Mailing Address PO Box 280938

City Northridge State CA Zip Code 91328

Purpose of Disbursement  
CA 45th District State Assembly

011

Category/  
Type

Candidate Name

Dan McCrory

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2013

Transaction ID : D319431

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. NEIL ABERCROMBIE**

Mailing Address 1050 Ala Moana Blvd  
Suite 2150

City Honolulu State HI Zip Code 96814

Purpose of Disbursement  
HI GOVERNOR

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2013

Transaction ID : D327625

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. New Yorkers for de Blasio**

Mailing Address 32 Court Street, #901

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement  
New York Mayor

011

Category/  
Type

Candidate Name

Bill de Blasio

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2013

Transaction ID : D323596

Amount of Each Disbursement this Period

4950.00

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

12950.00

**TOTAL** 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)

<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. San Diego Works!**

Mailing Address 4305 University Avenue

City San Diego State CA Zip Code 92105

Purpose of Disbursement  
San Diego Mayor, CA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2013

Transaction ID : D321607

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Susan Bonilla for Assembly**

Mailing Address 4425-C Treat Blvd #139

City Concord State CA Zip Code 94521

Purpose of Disbursement  
CA State Assembly, 14th

Candidate Name

Susan Bonilla

Office Sought:  House  
 Senate  
 President  
State: CA District: 14

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : D321617

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Terry McAuliffe for Governor**

Mailing Address PO Box 13881

City Arlington State VA Zip Code 22219

Purpose of Disbursement  
Governor, VA, Primary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2013

Transaction ID : D317993

Amount of Each Disbursement this Period

10000.00

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

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

15500.00

30094.90