Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
AKPD Message & Media LLC	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 730 North Franklin Street, #404	Amount
City State Zip Code	6131.00
Chicago IL 60654	Transaction ID : D550368 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad  Category/ Type  004	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
DAN SULLIVAN Oppose	President State: AK State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 202368.41  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee AKPD Message & Media LLC	Date of Public Distribution/Dissemination
	10 15 2014
Mailing Address 730 North Franklin Street, #404	Amount
City State Zip Code	6130.99
Chicago IL 60654	Transaction ID : D550371 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad  Category/ Type  004	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
MARK BEGICH Oppose	President X Senate State: AK
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	12261.99
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	0 16 2014
Signature	

Schedule E)	DENT EXILID	TI OTILO	PAGE 2 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	ort filed on
Full Name of Payee COMMITTEE ON LETTER CARF	RIERS POLITICA	AL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.			10 14 2014 Amount
City Washington	State DC	Zip Code 20001	133.15 Transaction ID : D550625
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation  10 14 2014
Name of Federal Candidate  ALISON LUNDERGAN GRIMES		Support	Office Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought		Oppose 103844.12	Disbursement For: Primary General 2014
Full Name of Payee COMMITTEE ON LETTER CARE	RIERS POLITICA	AL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.			10 / 14 / 2014 Amount
City Washington	State DC	Zip Code 20001	2118.49 Transaction ID : D550627
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation
Name of Federal Candidate  MARK BEGICH		Support Oppose	Office Sought: House District: 00  President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		202368.41	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
() 00070711 (1)			
(a) SUBTOTAL of United Independent Expert			
(b) SUBTOTAL of Unitemized Independent Ex			7 7 7
(c) TOTAL Independent Expenditures			·· •
	andidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	9 10 / 16 / 2014

Schedule E)	PAGE 3 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends re	eport filed on
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATIO	N Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	133.15
Washington DC 20001	Transaction ID : D550628  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  0	01 10 14 7 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought  103844.12	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION  Mailing Address  100 Indiana Avenue, N.W.	Date of Public Distribution/Dissemination  M M M M / D D M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	918.48
Washington DC 20001	Transaction ID : D550629  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  00	01 10 14 2014
Name of Federal Candidate Suppor	t Office Sought: House District: 00
MARK E UDALL Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 39331.08	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1051.63
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	·····•
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
	Date 10 16 2014
Signature	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)	e of Public Distribution/Dissemination
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1325 Massachusetts Ave. NW Amou	ount
City State Zip Code	126.92
Washington DC 20005 Trans	saction ID : D550632 of Disbursement or Obligation
Purpose of Expanditure	10 14 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
MARK BEGICH Oppose Presid	dent State: AK
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014 2014	ent For:
	e of Public Distribution/Dissemination
City State Zip Code  Minneapolis MN 55414 Trans	2038.59 saction ID : D550634
Purpose of Expenditure	e of Disbursement or Obligation
Canvassers Category/ Type 001	10 14 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
TERRI LYNN LAND    Oppose   President	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	2165.51
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 10	16 2014
Signature	

PAGE 4

OF

Schedule E)	TI EXPEND	ITOTILO		PAGE 5 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Grassroots Solutions			Date of Pub	olic Distribution/Dissemination
Mailing Address 2828 University Avenue SE, #150			Amount	14 2014
			Amount	
City  Minneapolis	State MN	Zip Code 55414		2038.59 ID: D550635
Purpose of Expenditure Canvassers		Category/ Type 001	Date of Dis	bursement or Obligation  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	100710.20	Disbursement For: 2014 Other (	Primary
Full Name of Payee	_		Date of Put	olic Distribution/Dissemination
Mack-Sumner Communications, LLC			10	14 2014
Mailing Address 2001 N. Beauregard Street			Amount	
Suite 420	01-1-	7:- 0-1-		47004.00
City Alexandria	State VA	Zip Code 22311		47804.02 ID: D550637 bursement or Obligation
Purpose of Expenditure Direct Mail		Category/ Type 004	10 <sup>M</sup>	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7	103844.12	Disbursement For: 2014 Other (	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. •	49842.61
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(b) GODTOTAL OF OFFICE MACPORAGIN EXPORT	ituros			p
(c) TOTAL Independent Expenditures			· •	p. 1 . 4 . 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 / 16	

Schedule E)		1101120		PAGE 6 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y
Full Name of Payee Voices of the American Federation	on of Governr	ment Employees	М - м	
Mailing Address 80 F Street, NW			Amount	14 2014
City	State	Zip Code		61.87
Washington	DC	20001		on ID : D550640 isbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	100710.20	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Voices of the American Federation  Mailing Address 80 F Street, NW	of Governmen	it Employees	10 Amount	/ 14 / Y Y Y Y Y Y Y
City	State	Zip Code		180.00
Washington	DC	20001		on ID : D550641 visbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	/ 14 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		103844.12	Disbursement Fo	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		·	241.87
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·	7 7
(c) TOTAL Independent Expenditures			· ·	7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ididate or authorized			
Ms. Elizabeth H Shuler	[Electror	nically Filed] Date		16 2014
Signature				

Schedule E)	LINDENT EXTEND	ITOTILO	PAGE 7 FOR SE OI	OF 24 F FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼
Workers' Voice			C C00484287	
Check if 24-hour report X 48-hour re	eport New rep	ort Amends repo	t filed on	Y = Y = Y = Y
Full Name of Payee Voices of the American Federal	eration of Governr	nent Employees	Date of Public Distribution	/Dissemination
Mailing Address 80 F Street, NW			10 14 Amount	2014
City Washington	State DC	Zip Code 20001	Transaction ID : D550642	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or 0 10 14	Obligation 2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
MARK E UDALL		Oppose	President Senate	State: CO
Calendar Year-To-Date Per Election for Office Sought		39331.08	Disbursement For: Primary 2014 Other (specify) ▶	y X General
Full Name of Payee Voices of the American Federa	ation of Governmen	t Employees	Date of Public Distribution	n/Dissemination
Mailing Address 80 F Street, NW			Amount 14	2014
City	State	Zip Code		61.87
Washington	DC	20001	Transaction ID : D550645 Date of Disbursement or	Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 14	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
TERRI LYNN LAND		X Oppose	President Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	100710.20	Disbursement For: ☐ Primare 2014 ☐ Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent E	Expenditures		<b>•</b>	155.41
(b) SUBTOTAL of Unitemized Independen	t Expenditures		•	
			7 7	
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 16 20	14
Signature				

Schedule E)	NDENT EXICIO	TIONES	<u> </u>	PAGE 8 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Workers' Voice			C co	00484287
Check if 24-hour report X 48-hour rep	port New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Voices of the American Fede	ration of Governi	ment Employees	M = M /	Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	14 2014
City	State	Zip Code		0.43
Washington	DC	20001	Transaction ID Date of Disburs	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
CORY GARDNER		Oppose	President X	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		39331.08	Disbursement For:  2014  Other (spec	Primary X General
Full Name of Payee Voices of the American Federa	tion of Governmer	nt Employees	Date of Public I	Distribution/Dissemination
Mailing Address 80 F Street, NW			10 Amount	14 2014
City	State	Zip Code		239.64
Washington	DC	20001	Transaction ID : Date of Disburs	D550653 ement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 /	14 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President X	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		39331.08	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	penditures		·	240.07
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7 7 7
			-	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 16	2014
Signaturo				

Schedule E)			101120		PAGE 9 OF 24 FOR SE OF FORM 24/48
NAME OF COMMI					FEC IDENTIFICATION NUMBER ▼
Workers' Vo	ice				C C00484287
Check if 24-ho	our report X 48-hour r	report New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of F		eration of Governm	ent Employees	:	of Public Distribution/Dissemination
	S 80 F Street, NW		Tent Employees	M	10 / 14 / 2014
	OU F Sueci, IVVV			Amour	nt
City		State	Zip Code		10.98
Washington	104	DC	20001		action ID : D550658 of Disbursement or Obligation
Purpose of Explanting Staff Transfer Tr			Category/ Type 002	М	10
Name of Fede	ral Candidate		Support	Office Sought	t: House District: 00
MARK E UDAI	LL		Oppose	Preside	
	Year-To-Date on for Office Sought		39331.08	Disbursement 2014 Ot	t For: Primary
Full Name of F Voices of t		ation of Government	t Employees		of Public Distribution/Dissemination
Mailing Addres	80 F Street, NW			Amou	لىنىا لىا ك
City		State	Zip Code		180.00
Washington		DC	20001		ction ID : D550661 of Disbursement or Obligation
Purpose of Ex Inkind Staff Tr			Category/ Type 002	М	10 14 2014
Name of Fede	ral Candidate		X Support	Office Sough	t: House District: 00
ALISON LUNI	DERGAN GRIMES		Oppose	Preside	KV
	Year-To-Date on for Office Sought		103844.12	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL	of Itemized Independent E	Expenditures		•	190.98
(b) SUBTOTAL	of Unitemized Independer	nt Expenditures			
(c) TOTAL Inde	ependent Expenditures			· .	
with, or at the re		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms	:. Elizabeth H Shuler	[Electroni	ically Filed] Date	M M / /	16 2014
Signature			_		

Schedule E)	1120	PAGE 10 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D D / Y B Y B Y
Full Name of Payee AFSCME Special Account		of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW	Amour	10 14 2014
014	0.4.	74.04
City State Zip Washington DC 200		71.81  action ID : D550667  of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		10 14 2014
Name of Federal Candidate	Support Office Sought	t: House District: 00
MARK BEGICH	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 20236	Disbursement 2014 Of	t For: Primary
Full Name of Payee AFL-CIO		of Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW	Amou	10 14 2014 nt
City State Zip	Code	28.64
City State Zip Washington DC 200	no6 Transa	ction ID : D550672 of Disbursement or Obligation
Purpose of Expenditure Walk Packets Ca		10 14 2014
Name of Federal Candidate	Support Office Sough	t: House District: 00
MARK BEGICH	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	02368.41 Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures		100.45
(b) SUBTOTAL of Unitemized Independent Expenditures		
		4 4
(c) TOTAL Independent Expenditures	·	7 7 7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically] Signature	Filed] Date 10	16 2014
Oignature		

Schedule E)	ENT EXTEND	ATTOTILES	PAGE 11 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	0.45
Washington	DC	20006	Transaction ID : D550673  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	10 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
MITCH MCCONNELL		X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		103844.12	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	17.90
Washington	DC	20006	Transaction ID : D550674  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	10 / 14 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		39331.08	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Expendent	litures		18.35
(b) SUBTOTAL of Unitemized Independent Experience	enditures		·
(c) TOTAL Independent Expenditures			·
	ididate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	0 000-10-1207
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	10 14 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	24.34
Washington DC 20006	Transaction ID : D550676 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type  004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	oursement For:
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street NW	10 14 2014
Malling Address 815 - 16th Street, NW	Amount
City State Zip Code	24.34
Washington DC 20006	Transaction ID : D550679  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type  004	10 / 14 / Y Y Y Y Y Y
	ce Sought: House District: 00
GARY PETERS Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disb. 201-	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	48.68
(a) 00010112 01 1011200 111000 1110000 11100000 11100000 11100000 111000000	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	10 16 2014
Signature	

Schedule E)	LINDITOTICO	PAGE 13 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report	New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	440.77
Washington DC	20006	Transaction ID : D550689  Date of Disbursement or Obligation
Purpose of Expenditure Robo Calls	Category/ Type 004	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
DAN SULLIVAN	Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	202368.41 Dis 207	sbursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		10 14 2014
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	0.45
Washington DC	20006	Transaction ID : D550691 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	fice Sought: House District: 00
ALISON LUNDERGAN GRIMES	Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	103844.12 Dis	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		441.22
/b) CURTOTAL of Unitermized Independent Europeditures		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	45
(c) TOTAL Independent Expenditures	<b>&gt;</b>	7 7
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler Signature	[Electronically Filed] Date	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	EXI EIID	1101120		PAGE 14 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee AFT Solidarity 527				f Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.				10 14 2014
Soo New Jelsey Ave. N.W.			Amour	nt
City	State	Zip Code		135.09
Washington	DC	20001		action ID: D550695 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 14 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
MARK BEGICH		Oppose	Preside	nt Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	2	202368.41	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
AFT Solidarity 527			М	10 14 2014
Mailing Address 555 New Jersey Ave. N.W.			Amour	لىنىا لىا ك
			Amour	11.
City	State	Zip Code		128.14
Washington	DC	20001		ction ID : D550698 If Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 14 2014
Name of Federal Candidate		X Support	Office Sough	t: House District: 00
GARY PETERS		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, ,	100710.20	Disbursement 2014 Of	t For: Primary
-				
(a) SUBTOTAL of Itemized Independent Expenditures	š		<b>•</b>	263.23
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10 / I	16 2014
Signature				

Schedule E)	AP LINDI	TUNES		PAGE 15 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee AFT Solidarity 527			Da	te of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.				10 14 2014
				loun
City State	)	Zip Code		128.14
Washington DC		20001		ansaction ID: D550704 te of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office So	ught: House District: 00
TERRI LYNN LAND		X Oppose	Pre	sident State: MI
Calendar Year-To-Date Per Election for Office Sought	1	00710.20	Disburser 2014	nent For:  Primary  General  Other (specify) ►
Full Name of Payee				ate of Public Distribution/Dissemination
COMMUNICATIONS WORKERS OF AME	RICA V	VORKING VOICE	ES	10 14 2014
Mailing Address 501 3RD STREET, NW			Ar	nount
City		7:- Code	— г	205.05
City State Washington DC		Zip Code 20001		225.25  nsaction ID : D550706  te of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 14 2014
Name of Federal Candidate		V Support	Office So	ught: House District: 00
MARK BEGICH		Support Oppose		ught: House District: 00 sident Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		202368.41	Disburser 2014	
	, ,			Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures				353.39
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized			
Ms. Elizabeth H Shuler	[Electroni	cally Filed] Date	M M M	16 2014
Signature				

Schedule E)				PAGE 16 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 4	18-hour report New repo	ort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee UFCW Int'l Union Wor	king Families Advocacy	Project	M = M	ic Distribution/Dissemination
Mailing Address 1775 K Street, N	1W		Amount	14 2014
City	State	Zip Code		146.94
Washington	DC	20006-1598		ID: D550707 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Soug	iht 1	00710.20	Disbursement For: 2014 Other (s	Primary
Full Name of Payee UFCW Int'l Union Worki  Mailing Address 1775 K Street	ng Families Advocacy Pro	oject	10 Amount	14 2014
City	State	Zip Code		146.94
Washington	DC	20006-1598	Transaction I  Date of Disb	D: D550712 pursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Soug	ght	100710.20	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Indep	endent Expenditures		•	293.88
(b) SUBTOTAL of Unitemized Ind	lependent Expenditures		· •	7
(c) TOTAL Independent Expenditu	ures		·	
	that the independent expenditures ion of, any candidate or authorized by committee or its agent.			
Ms. Elizabeth H Shuler		ically Filed] Date	10 16	2014
Signature				

Schedule E)		<b>L</b> /(1 <b>L</b> /(2)					PAGE 17 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)						FEC II	DENTIFICATION NUMBER ▼
Workers' Voice						С	C00484287
Check if 24-hour report	X 48-hour report	New repo	oort Am	nends repo		M M	/ D = D / Y = Y = Y
Full Name of Payee Colorado AFL-CIO	L2K					of Publi	ic Distribution/Dissemination
Mailing Address 140 Sherida	ın Blvd				Amo	10 unt	14 2014
City		State	Zip Code		-		263.41
Denver		CO	80226				ID: D550724 ursement or Obligation
Purpose of Expenditure InKind Staff			Category/ Type	001		M 10	14 2014
Name of Federal Candidate			X	Support	Office Soug	ht:	House District: 00
MARK E UDALL				Oppose	Presid	_	Senate State: CO
Calendar Year-To-Date Per Election for Office S	Sought		39331.08		Disburseme	nt For: Other (sp	Primary
Full Name of Payee Retail, Wholesale and D  Mailing Address 30 E29th	•	ion Internatio	onal Treasu	iry Accou		M 10	Distribution/Dissemination  1
City		State	Zip Code				32.16
New York		NY	10016				D: D550727 ursement or Obligation
Purpose of Expenditure InKind Staff			Category/ Type		$\Box \mid \Box$	10	14 2014
Name of Federal Candidate				Support	Office Soug	ght:	House District: 00
TERRI LYNN LAND			X	Oppose	Presi	dent	Senate State: MI
Calendar Year-To-Date Per Election for Office S	Sought	, , ,	100710.2	.0	Disburseme 2014		Primary
(a) SUBTOTAL of Itemized In	dependent Expenditures	S			•		295.57
(b) SUBTOTAL of Unitemized	Independent Expenditu	ıres					4
(c) TOTAL Independent Expe	nditures				•		
Under penalty of perjury I cer with, or at the request or sugg party committee) any political	gestion of, any candidate	te or authorized					
Ms. Elizabeth H Sh	uler	[Electron	ically Filed]	Date	10	16	2014
Signature							

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed or	M M / D D / Y Y Y Y Y
Full Name of Payee	Transpury Assessment	Date of Public Distribution/Dissemination
Retail, Wholesale and Department Store Union International T	reasury Account	10
Mailing Address 30 E29th St.	A	Amount
City State Zip	Code	32.16
New York NY 100		Transaction ID: D550728 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	ategory/ Type 001	10 14 2014
Name of Federal Candidate	X Support Office S	Sought: House District:00
GARY PETERS		resident State: MI
Calendar Year-To-Date Per Election for Office Sought		ement For: Primary X General  Other (specify) ▶
Full Name of Payee Rocky Mountain Voter Outreach, LLC  Mailing Address 899 Logan Street, Suite 300		Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip	Code	25.00
	203 Tr	ransaction ID : D550731 Date of Disbursement or Obligation
Purpose of Expenditure Canvassers  Ca	ttegory/ Type 001	10 14 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
TERRI LYNN LAND	Oppose P	resident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	· [	57.16
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized con party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically	Filed] Date 10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE

18

OF

Schedule	E)		1101120		PAGE 19 OF 24 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers	s' Voice				C C00484287
					M = M / D = D / Y = Y = Y
Check if	24-hour report X 48-hour report	New rep	port Amends repo		W W / D D / Y Y Y Y Y
	ne of Payee y Mountain Voter Outreach,	IIC			of Public Distribution/Dissemination
				[	10 14 2014
Mailing F	Address 899 Logan Street, Suite 300			Amou	unt
City		State	Zip Code		441.60
Denver		СО	80203		saction ID : D550732 of Disbursement or Obligation
Purpose Canvas	of Expenditure sers		Category/ Type 001		10 14 2014
Name of	f Federal Candidate		Support	Office Sough	ht: House District: 00
MARK E	UDALL		Oppose	Presid	
	endar Year-To-Date Election for Office Sought		39331.08	Disbursemen 2014	nt For:
Full Nan	ne of Payee				of Public Distribution/Dissemination
	y Mountain Voter Outreach, L	LC			M = M / D = D / Y = Y = Y
Mailing A	Address 899 Logan Street, Suite 300			L	10 14 2014
1	200 2094.1 211001, 24110 000			Amo	unt
City		State	Zip Code		25.00
Denver		СО	80203		action ID: D550734 of Disbursement or Obligation
Purpose Canvas	of Expenditure ssers		Category/ Type 001	] [	10 14 2014
	f Federal Candidate		X Support	Office Soug	ht: House District: 00
GARY F	PETERS		Oppose	Presid	dent Senate State: MI
	lendar Year-To-Date  * Election for Office Sought		100710.20	Disburseme 2014	nt For:
(a) SUBT	<b>FOTAL</b> of Itemized Independent Expend	itures		▶	466.60
(b) SUBT	TOTAL of Unitemized Independent Expe	nditures		· •	7 1 7 1 7
(c) TOTA	L Independent Expenditures			•	7
with, or a	nalty of perjury I certify that the indepet t the request or suggestion of, any can mittee) any political party committee or	didate or authorized			
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	10	16 2014
Signat	ure				

Schedule E)	IVI EXI END	THORIEG		PAGE 20 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee AFSCME for Michigan	<u>/</u>		M = M	olic Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 Amount	14 2014
City	State	Zip Code		577.06
Washington	DC	20036		n ID: D550744 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	14 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		100710.20	Disbursement For: 2014 Other (	Primary
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
AFSCME for Michigan			10	/ D D / Y Y Y Y Y Y Y 14 2014
Mailing Address 1625 L Street, NW			A	
			Amount	
City	State	Zip Code		113.53
Washington	DC	20036		ID: D550745 bursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	14 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		100710.20	Disbursement For: 2014 Other (	Primary
•				
(a) SUBTOTAL of Itemized Independent Expendit	ures		·· <b>&gt;</b>	690.59
(b) SUBTOTAL of Unitemized Independent Exper	iditures		·· •	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorize			
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	9 10 / 16	
Signature				

Schedule E)	VI EXI END	TTOTILO		PAGE 21 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on/	D   D / Y   Y   Y   Y
Full Name of Payee AFSCME for Michigan			M = M /	Distribution/Dissemination
Mailing Address 1625 L Street, NW			Amount	14 2014
City	State	Zip Code		577.06
Washington	DC	20036	Transaction I	
Purpose of Expenditure InKind Staff		Category/ Type 001	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	100710.20	Disbursement For: 2014 Other (sp.	Primary
Full Name of Payee AFSCME for Michigan	_		M = M /	C Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 Amount	14 2014
City	State	Zip Code		252.85
Washington	DC	20036	Transaction ID  Date of Disbu	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
TERRI LYNN LAND		Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	100710.20	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			829.91
(b) SUBTOTAL of Unitemized Independent Expend	itures			7 7
			7	4 4
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 16	2014
Olgitature				

Schedule E)	II EXI END	HONLO		PAGE 22 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Workers' Voice				C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee AFSCME for Michigan			M	
Mailing Address 1625 L Street, NW			Amount	2014
City	State	Zip Code		4.96
Washington	DC	20036		tion ID : D550754 Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		100710.20	Disbursement F 2014 Other	for: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
AFSCME for Michigan			M = 10	
Mailing Address 1625 L Street, NW				, 11 2011
			Amount	
City	State	Zip Code		3.78
Washington	DC	20036		ion ID : D550758 Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 10	0 14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	100710.20	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditure	es			8.74
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date		16 2014
Signature				

Schedule E)	INDENT EXTEND	TOTILO		PAGE 23 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour re	port New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee AFSCME for Michigan			M = M /	Distribution/Dissemination
Mailing Address 1625 L Street, NW			Amount	14 2014
City	State	Zin Codo		7.74
Washington	DC	Zip Code 20036	Transaction II  Date of Disbur	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	1	00710.20	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Great Lakes Regional Organizing	Committee/LIUNA	General Treasury	Date of Public	Distribution/Dissemination
Mailing Address 8770 Bryn Mawr Ave, #	1212		Amount	14 2014
City	State	Zip Code		273.46
Chicago	IL	60631	Transaction ID  Date of Disbu	: D550771 rsement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	14 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
GARY PETERS		Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	1 1 7 1 1 7	100710.20	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	penditures		<b>•</b>	281.20
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	1111111
				4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 16	2014
Oignata.0				

Schedule E)	I EXI END					PAGE 24 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice					C	C00484287
Check if 24-hour report X 48-hour report	New rep	ort Am	ends repo	ort filed on	M = M /	D D / Y D Y D Y
Full Name of Payee Great Lakes Regional Organizing Commi	ittee/LIUNA	General Tr	easury		M M /	Distribution/Dissemination
Mailing Address 8770 Bryn Mawr Ave, #1212				Amo	10 unt	14 2014
City	State	Zip Code		— I L		273.46
Chicago	IL	60631				D: D550773 rsement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type	001	] [	10	14 / 2014
Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
TERRI LYNN LAND			Oppose	Presid	_	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		100710.20		Disburseme 2014	nt For: Other (spe	Primary
Full Name of Payee				Date	of Public	Distribution/Dissemination
				[	M = M /	D D / Y Y Y Y
Mailing Address				Amo	unt	
City	State	Zip Code		$\dashv E$		
				Date	of Disbu	rsement or Obligation
Purpose of Expenditure		Category/ Type			M = M /	D D / Y Y Y Y Y
Name of Federal Candidate		<u>'</u>	Support	Office Soug	ht:	House District:
			Oppose	Presid	dent	Senate State:
Calendar Year-To-Date Per Election for Office Sought	~ 1 1 0			Disburseme		Primary General
	,				Other (sp	ecity) <b>–</b>
(a) SUBTOTAL of Itemized Independent Expenditure	·s					273.46
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			•		
(c) TOTAL Independent Expenditures				•	7	72824.14
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized					
Ms. Elizabeth H Shuler	[Electron	ically Filed]	Date	M M /	16	2014
Signature						