

**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 111
	<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)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. John W Jatoft</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 <b>Transaction ID : C3926830</b>
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	
Zip Code 94520		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. John W Jatoft</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 <b>Transaction ID : C3926832</b>
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	
Zip Code 94520		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. John W Jatoft</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 <b>Transaction ID : C3926834</b>
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	
Zip Code 94520		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	