

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines One Voice

ADDRESS (number and street) 1127 11th Street #225 Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER C00403071 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Malcolm Burnstein

Signature of Treasurer Electronically Filed by Malcolm Burnstein Date 01 29 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
One Voice

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		11971.21
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	30148.35									
(c) Total Receipts (from Line 19)	20428.00	52448.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50576.35	64419.21								
7. Total Disbursements (from Line 31)	46597.09	60439.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3979.26	3979.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
One Voice

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	17460.00	48960.00
(ii) Unitemized	1968.00	2488.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19428.00	51448.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20428.00	52448.00
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.)	0.00	0.00
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 Transfer (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))	20428.00	52448.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20428.00	52448.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	46597.09	55439.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	46597.09	55439.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00	0.00
(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))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	46597.09	60439.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46597.09	60439.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	20428.00	52448.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20428.00	52448.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	46597.09	55439.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46597.09	55439.95

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33
(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)
One Voice

A.

Full Name (Last, First, Middle Initial)
Danny Bakewell

Mailing Address PO Box 561138

City State Zip Code
Los Angeles CA 90056-0180

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

Name of Employer Occupation
Bakewell Construction Group Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: C2522868

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Adrienne Black

Mailing Address 12257 Silva PI

City State Zip Code
Cerritos CA 90703-7651

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

Name of Employer Occupation
PPLA Healthcare Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: C2389759

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Adrienne Black

Mailing Address 12257 Silva PI

City State Zip Code
Cerritos CA 90703-7651

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

Name of Employer Occupation
PPLA Healthcare Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2009

Transaction ID: C2443890

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
One Voice

A.

Full Name (Last, First, Middle Initial) Adrienne Black		Date of Receipt MM / DD / YYYY 09 / 08 / 2009
Mailing Address 12257 Silva PI		Transaction ID: C2504377
City Cerritos	State CA	Zip Code 90703-7651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer PPLA	Occupation Healthcare Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Adrienne Black		Date of Receipt MM / DD / YYYY 10 / 08 / 2009
Mailing Address 12257 Silva PI		Transaction ID: C2531608
City Cerritos	State CA	Zip Code 90703-7651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer PPLA	Occupation Healthcare Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Adrienne Black		Date of Receipt MM / DD / YYYY 11 / 08 / 2009
Mailing Address 12257 Silva PI		Transaction ID: C2540875
City Cerritos	State CA	Zip Code 90703-7651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer PPLA	Occupation Healthcare Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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: PAGE 8 / 33
	(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)
One Voice

A.	Full Name (Last, First, Middle Initial) Adrienne Black	Date of Receipt MM / DD / YYYY 12 / 08 / 2009
	Mailing Address 12257 Silva Pl	Transaction ID: C2550231
	City State Zip Code Cerritos CA 90703-7651	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PPLA Occupation Healthcare Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Kurt Brinkman	Date of Receipt MM / DD / YYYY 09 / 20 / 2009
	Mailing Address 1261 62nd St	Transaction ID: C2501045
	City State Zip Code Emeryville CA 94608-2106	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Intrepid Electronic Systems Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Sunil Bronsle	Date of Receipt MM / DD / YYYY 12 / 08 / 2009
	Mailing Address 6715 Manor Crest	Transaction ID: C2567658
	City State Zip Code Oakland CA 94618	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Titan Pharmaceuticals Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	775.00
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 9 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
One Voice

A. Full Name (Last, First, Middle Initial)
Howard L Fields, MD

Mailing Address 755 Euclid Ave

City State Zip Code
Berkeley CA 94708-1348

FEC ID number of contributing federal political committee. C

Name of Employer Ernest Gallo Clinic & Research Inst Occupation Scientist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 25 / 2009
Transaction ID: C2504384

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Howard L Fields, MD

Mailing Address 755 Euclid Ave

City State Zip Code
Berkeley CA 94708-1348

FEC ID number of contributing federal political committee. C

Name of Employer Ernest Gallo Clinic & Research Inst Occupation Scientist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 05 / 2009
Transaction ID: C2531601

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
John P Gooding

Mailing Address PO Box 8400

City State Zip Code
Emeryville CA 94662-0400

FEC ID number of contributing federal political committee. C

Name of Employer Quadric Group, Inc. Occupation Consultant

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 07 / 2009
Transaction ID: C2399929

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 7000.00

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 10 / 33
	<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)
One Voice

A.

Full Name (Last, First, Middle Initial) Elihu M Harris		Date of Receipt MM / DD / YYYY 09 / 20 / 2009
Mailing Address 1331 San Pablo Ave		Transaction ID: C2501046
City Berkeley	State CA	Zip Code 94702-1021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Julian Haywood		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 502 H Street, SW Suite 200		Transaction ID: C2536293
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Heather Podesta & Partners	Occupation Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) William Kaiser		Date of Receipt MM / DD / YYYY 10 / 27 / 2009
Mailing Address 4 Beacon Way, #1207		Transaction ID: C2536149
City Jersey City	State NJ	Zip Code 07304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kaiser, Sauborn & Mair, P.C.	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 11 / 33
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
One Voice

A.

Full Name (Last, First, Middle Initial) Alistair McElwee		Date of Receipt MM / DD / YYYY 09 / 20 / 2009
Mailing Address 6363 Christie Avenue		Transaction ID: C2501042
City Emeryville	State CA	Zip Code 94608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alta Bates Summit Medical Center	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Brian O'Donoghue		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address 1316 W Fletcher St Apt 2E		Transaction ID: C2567625
City Chicago	State IL	Zip Code 60657-6480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Goldman Ismail, et al	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) David Pong		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 161 San Antonio Way		Transaction ID: C2570739
City Sacramento	State CA	Zip Code 95819-1927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer State of California	Occupation State Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
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 12 / 33

(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)

One Voice

A.

Full Name (Last, First, Middle Initial)

Georgia W Richardson

Mailing Address 6026 Ridgemont Dr

City State Zip Code
Oakland CA 94619-3720

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

Name of Employer Occupation
Richardson Real Estate Real Estate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: C2495635

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Georgia W Richardson

Mailing Address 6026 Ridgemont Dr

City State Zip Code
Oakland CA 94619-3720

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

Name of Employer Occupation
Richardson Real Estate Real Estate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 9

Transaction ID: C2540874

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Randal Roberson, Sr.

Mailing Address 809 Commons Drive

City State Zip Code
Sacramento CA 95825

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C2570742

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 13 / 33
(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)
One Voice

A.

Full Name (Last, First, Middle Initial)
Noah Sanni

Mailing Address 1815 State Street

City State Zip Code
Watertown NY 13601

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

Name of Employer Self employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2009

Transaction ID: C2536147

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Bernard S. Schlager

Mailing Address 145 Lark Lane

City State Zip Code
Mill Valley CA 94941-3570

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

Name of Employer Center for Lesbian & Gay Studies Occupation Deputy Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2009

Transaction ID: C2501047

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Stephen Simon

Mailing Address 435 Maripossa Avenue #209

City State Zip Code
Los Angeles CA 90020

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

Name of Employer City of Los Angeles Occupation LA Aids Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2009

Transaction ID: C2567638

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 14 / 33
(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)
One Voice

A.

Full Name (Last, First, Middle Initial)
Jon B Streeter

Mailing Address 3125 Claremont Ave

City State Zip Code
Berkeley CA 94705-2707

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

Name of Employer Occupation
Keker & Van Nest, L.L.P. Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2009

Transaction ID: C2501044

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Connie Tyler

Mailing Address 2322 8th St

City State Zip Code
Berkeley CA 94710-2311

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

Name of Employer Occupation
Self Employed Piano Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: C2389761

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Connie Tyler

Mailing Address 2322 8th St

City State Zip Code
Berkeley CA 94710-2311

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

Name of Employer Occupation
Self Employed Piano Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: C2443893

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

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 / 33
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
One Voice

A.	Full Name (Last, First, Middle Initial) Connie Tyler		Date of Receipt
	Mailing Address 2322 8th St		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Berkeley	CA	94710-2311
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Piano Teacher	Transaction ID: C2504378
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Connie Tyler		Date of Receipt
	Mailing Address 2322 8th St		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Berkeley	CA	94710-2311
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Piano Teacher	Transaction ID: C2531610
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) Connie Tyler		Date of Receipt
	Mailing Address 2322 8th St		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Berkeley	CA	94710-2311
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Piano Teacher	Transaction ID: C2540868
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="120.00"/>
TOTAL 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 16 / 33
(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)
One Voice

A.

Full Name (Last, First, Middle Initial) Connie Tyler		Date of Receipt MM / DD / YYYY 11 / 21 / 2009
Mailing Address 2322 8th St		Transaction ID: C2540879
City Berkeley	State CA	Zip Code 94710-2311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Self Employed	Occupation Piano Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) Connie Tyler		Date of Receipt MM / DD / YYYY 12 / 21 / 2009
Mailing Address 2322 8th St		Transaction ID: C2550232
City Berkeley	State CA	Zip Code 94710-2311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Self Employed	Occupation Piano Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) Mal Warwick		Date of Receipt MM / DD / YYYY 08 / 17 / 2009
Mailing Address 2550 9th St Ste 103		Transaction ID: C2443891
City Berkeley	State CA	Zip Code 94710-2551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mal Warwick & Associates	Occupation Owner/consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1020.00
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 17 / 33

(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)

One Voice

A.

Full Name (Last, First, Middle Initial)

Jerilynn Willis

Mailing Address 28 Don Timoteo Court

City State Zip Code
Sonoma CA 95476

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

Name of Employer Occupation
Self employed Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: C2531634

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William Kaiser

Mailing Address 4 Beacon Way, #1207

City State Zip Code
Jersey City NJ 07304

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

Name of Employer Occupation
Kaiser, Sauborn & Mair, P.C. Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 1 0

Transaction ID: C2568290

Amount of Each Receipt this Period

500.00

* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)

ActBlue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C2568290B

Amount of Each Receipt this Period

500.00

[MEMO ITEM]
Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

17460.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 33
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
One Voice

A. Full Name (Last, First, Middle Initial)
Drug Policy Reform Fund

Mailing Address 70 West 36th Street, 16th Floor

City State Zip Code
New York NY 10018

FEC ID number of contributing federal political committee. **C** C00461236

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: C2532620

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**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)

PAGE 19 / 33

<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)
One Voice

A.	Full Name (Last, First, Middle Initial) Articulated Man Inc.	Transaction ID: D177650 Date of Disbursement 07 / 14 / 2009
	Mailing Address 1508 W Sunnyside Ave	Amount of Each Disbursement this Period 450.00
	City Chicago State IL Zip Code 60640-5906	
	Purpose of Disbursement Internet hosting Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Articulated Man Inc.	Transaction ID: D183131 Date of Disbursement 10 / 05 / 2009
	Mailing Address 1508 W Sunnyside Ave	Amount of Each Disbursement this Period 450.00
	City Chicago State IL Zip Code 60640-5906	
	Purpose of Disbursement Internet hosting Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blackrock Associates, LLC	Transaction ID: D177649 Date of Disbursement 07 / 10 / 2009
	Mailing Address 1936 University Ave Ste 191	Amount of Each Disbursement this Period 3977.98
	City Berkeley State CA Zip Code 94704-1000	
	Purpose of Disbursement Committee Fundraising online Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4877.98
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 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)
One Voice

<p>A. Full Name (Last, First, Middle Initial) Electronic Federal Tax Payment System(EFTPS)</p> <p>Mailing Address P O Box 173788</p> <p>City Denver State CO Zip Code 80217-3788</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D179379 Date of Disbursement 08 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2505.99</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Electronic Federal Tax Payment System(EFTPS)</p> <p>Mailing Address P O Box 173788</p> <p>City Denver State CO Zip Code 80217-3788</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D180349 Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2505.99</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Electronic Federal Tax Payment System(EFTPS)</p> <p>Mailing Address P O Box 173788</p> <p>City Denver State CO Zip Code 80217-3788</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D184113 Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1252.75</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6264.73

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)

PAGE 21 / 33

<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)
One Voice

<p>A. Full Name (Last, First, Middle Initial) Electronic Federal Tax Payment System(EFTPS)</p> <p>Mailing Address P O Box 173788</p> <p>City Denver State CO Zip Code 80217-3788</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D184958 Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1252.75</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Employment Development Department</p> <p>Mailing Address PO Box 826276</p> <p>City Sacramento State CA Zip Code 94230-6276</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D184959 Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 271.25</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Employment Development Department</p> <p>Mailing Address PO Box 826276</p> <p>City Sacramento State CA Zip Code 94230-6276</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D183487 Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1874.00

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)

PAGE 22 / 33

<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)
One Voice

A.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: D184110 Date of Disbursement																			
	Mailing Address PO Box 826276	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"><tr><td>271.25</td></tr></table>	271.25																		
271.25																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: D180348 Date of Disbursement																			
	Mailing Address PO Box 826276	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"><tr><td>542.82</td></tr></table>	542.82																		
542.82																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: D179380 Date of Disbursement																			
	Mailing Address PO Box 826276	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	9												
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"><tr><td>542.82</td></tr></table>	542.82																		
542.82																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1356.89</td></tr></table>	1356.89
1356.89		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 23 / 33

<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)
One Voice

A.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: D177646 Date of Disbursement
	Mailing Address PO Box 826276	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll taxes Candidate Name	<input type="text" value="460.32"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Employment Development Department	Transaction ID: D177647 Date of Disbursement
	Mailing Address PO Box 826276	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 94230-6276	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll taxes Candidate Name	<input type="text" value="82.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D180347 Date of Disbursement
	Mailing Address 1225 I St NW Ste 1225	<input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005-5918	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign software Candidate Name	<input type="text" value="300.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="842.82"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

PAGE 24 / 33

<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

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)
One Voice

A.

Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Transaction ID: D187365
Date of Disbursement

Mailing Address 1225 I St NW
Ste 1225

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

City Washington State DC Zip Code 20005-5918

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Software

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Patrick J. Kozlowski Accountancy Corp.

Transaction ID: D183485
Date of Disbursement

Mailing Address 1127 11th St
Ste 225

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	9

City Sacramento State CA Zip Code 95814-3809

Amount of Each Disbursement this Period

714.40

Purpose of Disbursement
Committee accounting service

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Patrick J. Kozlowski Accountancy Corp.

Transaction ID: D180808
Date of Disbursement

Mailing Address 1127 11th St
Ste 225

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

City Sacramento State CA Zip Code 95814-3809

Amount of Each Disbursement this Period

403.20

Purpose of Disbursement
Committee accounting service

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

1417.60

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)

PAGE 25 / 33

<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)
One Voice

A.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: D185767 Date of Disbursement 11 / 17 / 2009
	Mailing Address 1127 11th St Ste 225	Amount of Each Disbursement this Period 839.06
	City Sacramento State CA Zip Code 95814-3809	
	Purpose of Disbursement Committee accounting service	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: D179865 Date of Disbursement 08 / 28 / 2009
	Mailing Address 1127 11th St Ste 225	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95814-3809	
	Purpose of Disbursement Committee accounting service	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: D177651 Date of Disbursement 07 / 14 / 2009
	Mailing Address 1127 11th St Ste 225	Amount of Each Disbursement this Period 1155.00
	City Sacramento State CA Zip Code 95814-3809	
	Purpose of Disbursement Committee accounting service	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2994.06
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)

PAGE 26 / 33

<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)
One Voice

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Earl L. Plante</p> <hr/> <p>Mailing Address 372 Mariners Ct Apt F</p> <hr/> <p>City Hayward State CA Zip Code 94544-5573</p> <hr/> <p>Purpose of Disbursement Salary Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D180346 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5024.94</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	9												
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Earl L. Plante</p> <hr/> <p>Mailing Address 372 Mariners Ct Apt F</p> <hr/> <p>City Hayward State CA Zip Code 94544-5573</p> <hr/> <p>Purpose of Disbursement Salary Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D177643 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5024.94</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	0	9												
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Earl L. Plante</p> <hr/> <p>Mailing Address 372 Mariners Ct Apt F</p> <hr/> <p>City Hayward State CA Zip Code 94544-5573</p> <hr/> <p>Purpose of Disbursement Salary Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D179372 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5024.94</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	9												

SUBTOTAL of Disbursements This Page (optional) ▶

15074.82

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)

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<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)
One Voice

A.	Full Name (Last, First, Middle Initial) Earl L. Plante	Transaction ID: D184960 Date of Disbursement 11 / 10 / 2009
	Mailing Address 372 Mariners Ct Apt F	Amount of Each Disbursement this Period 2512.87
	City Hayward State CA Zip Code 94544-5573	
	Purpose of Disbursement Salary Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Earl L. Plante	Transaction ID: D184112 Date of Disbursement 10 / 21 / 2009
	Mailing Address 372 Mariners Ct Apt F	Amount of Each Disbursement this Period 2512.87
	City Hayward State CA Zip Code 94544-5573	
	Purpose of Disbursement Salary Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D184840 Date of Disbursement 11 / 02 / 2009
	Mailing Address 621 Capitol Mall #110	Amount of Each Disbursement this Period 73.48
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Credit card fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5099.22
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 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)
One Voice

A.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D186435 Date of Disbursement																			
	Mailing Address 621 Capitol Mall #110	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement NY event travel & cab fare	<table border="1"><tr><td>390.23</td></tr></table>	390.23																		
390.23																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D186461 Date of Disbursement																			
	Mailing Address 621 Capitol Mall #110	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card fee	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D183130 Date of Disbursement																			
	Mailing Address 621 Capitol Mall #110	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card fee	<table border="1"><tr><td>55.84</td></tr></table>	55.84																		
55.84																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>496.07</td></tr></table>	496.07
496.07		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 29 / 33

<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)
One Voice

A.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D180458 Date of Disbursement
	Mailing Address 621 Capitol Mall #110	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card fees	<input type="text" value="51.25"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D177644 Date of Disbursement
	Mailing Address 621 Capitol Mall #110	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll taxes	<input type="text" value="2505.99"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D177645 Date of Disbursement
	Mailing Address 621 Capitol Mall #110	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card fee	<input type="text" value="134.06"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2691.30"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

PAGE 30 / 33

<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)
One Voice

<p>A. Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address 621 Capitol Mall #110</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D179084 Date of Disbursement 08 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Earl L. Plante</p> <p>Mailing Address 372 Mariners Ct Apt F</p> <p>City Hayward State CA Zip Code 94544-5573</p> <p>Purpose of Disbursement Employee Benefits</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D177648 Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 324.45</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Kaiser Permanente</p> <p>Mailing Address PO Box 7141</p> <p>City Pasadena State CA Zip Code 91109-7141</p> <p>Purpose of Disbursement Insurance - Medical</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D194322 Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 324.45</p> <p>001 Category/ Type</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

374.45

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 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)
One Voice

A. Full Name (Last, First, Middle Initial)
Earl L. Plante

Mailing Address 372 Mariners Ct
Apt F

City Hayward State CA Zip Code 94544-5573

Purpose of Disbursement Fundraising Expenses
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D179374
Date of Disbursement 08 / 01 / 2009

Amount of Each Disbursement this Period 1629.64

001
Category/Type

B. Full Name (Last, First, Middle Initial)
JetBlue Airways

Mailing Address PO Box 17435

City Salt Lake City State UT Zip Code 84117-0435

Purpose of Disbursement Air fare
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D179377
Date of Disbursement 08 / 01 / 2009

Amount of Each Disbursement this Period 359.20

002
Category/Type

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Kaiser Permanente

Mailing Address PO Box 7141

City Pasadena State CA Zip Code 91109-7141

Purpose of Disbursement Insurance - Medical
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D194325
Date of Disbursement 08 / 01 / 2009

Amount of Each Disbursement this Period 324.45

001
Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 1629.64

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)

PAGE 32 / 33

<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)
One Voice

<p>A. Full Name (Last, First, Middle Initial) NAACP</p> <p>Mailing Address 663 35th St</p> <p>City Oakland State CA Zip Code 94609-2908</p> <p>Purpose of Disbursement Registration Package</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D179378 Date of Disbursement 08 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Earl L. Plante</p> <p>Mailing Address 372 Mariners Ct Apt F</p> <p>City Hayward State CA Zip Code 94544-5573</p> <p>Purpose of Disbursement Fundraising Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D180340 Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1448.01</p>
<p>C. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1230 Fitzgerald Dr</p> <p>City Pinole State CA Zip Code 94564-2252</p> <p>Purpose of Disbursement Printer/fax/copier</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D193472 Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 349.98</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1448.01

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)

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<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)
One Voice

A.

Full Name (Last, First, Middle Initial)
T-Mobile

Transaction ID: D193473

Date of Disbursement

Mailing Address PO Box 51843

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

City	State	Zip Code
Los Angeles	CA	90051-6143

Amount of Each Disbursement this Period

252.73

Purpose of Disbursement
Telephone

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

46441.59