

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Workers' Voice

ADDRESS (number and street)

815 - 16th Street, NW 7th Floor

☐ Check if different than previously reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00484287

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2014

03

31

2014

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 Ms. Elizabeth H Shuler

Signature of Treasurer

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

14

2014

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**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Workers' Voice

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		1717593.55
(b) Cash on Hand at Beginning of Reporting Period.....	1717593.55	
(c) Total Receipts (from Line 19)	64149.40	64149.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1781742.95	1781742.95
7. Total Disbursements (from Line 31)	324324.03	324324.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1457418.92	1457418.92
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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Workers' Voice

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

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).....

38283.14

38283.14

(ii) Unitemized

235.00

235.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

38518.14

38518.14

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

25437.29

25437.29

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

63955.43

63955.43

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.).....

193.97

193.97

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

64149.40

64149.40

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

64149.40

64149.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	161721.91	161721.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	161721.91	161721.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	36362.29	36362.29
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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	126239.83	126239.83
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	324324.03	324324.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	324324.03	324324.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	63955.43	63955.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63955.43	63955.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	161721.91	161721.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	161721.91	161721.91

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

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

FOR LINE NUMBER: PAGE 6 OF 87

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	4		

Transaction ID : C9670287

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	4		

Transaction ID : C9670290

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	1	4		

Transaction ID : C9670292

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

489.06

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

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

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

FOR LINE NUMBER: PAGE 7 OF 87

(check only one)

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

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Workers' Voice

Full Name (Last, First, Middle Initial)

A. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2014

Transaction ID : C9670293

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2014

Transaction ID : C9670294

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2014

Transaction ID : C9670296

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

489.06

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 87

(check only one)

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

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A. Florida AFL-CIO

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State

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Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : C9670298

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2014

Transaction ID : C9670300

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2014

Transaction ID : C9670303

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

489.06

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

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

FOR LINE NUMBER: PAGE 9 OF 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2014

Transaction ID : C9670305

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2014

Transaction ID : C9670306

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2014

Transaction ID : C9670309

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

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

489.06

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 10 OF 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2014

Transaction ID : C9670312

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2014

Transaction ID : C9670314

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

Transaction ID : C9651461

Amount of Each Receipt this Period

163.02

* In-Kind: In-Kind Contribution

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

489.06

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

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

FOR LINE NUMBER: PAGE 11 OF 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

Transaction ID : C9651462

Amount of Each Receipt this Period

277.30

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2014

Transaction ID : C9651463

Amount of Each Receipt this Period

277.30

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2014

Transaction ID : C9651464

Amount of Each Receipt this Period

637.30

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1191.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 87

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

MM / DD / YYYY
02 / 23 / 2014

Transaction ID : C9651475

Amount of Each Receipt this Period

277.30

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

MM / DD / YYYY
02 / 24 / 2014

Transaction ID : C9651476

Amount of Each Receipt this Period

432.98

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

MM / DD / YYYY
02 / 24 / 2014

Transaction ID : C9651478

Amount of Each Receipt this Period

144.32

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

854.60

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

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(check only one)

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Workers' Voice

Full Name (Last, First, Middle Initial)

A. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : C9651477

Amount of Each Receipt this Period

277.30

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

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FL

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32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2014

Transaction ID : C9651479

Amount of Each Receipt this Period

682.35

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

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Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2014

Transaction ID : C9651480

Amount of Each Receipt this Period

227.45

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1187.10

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

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FL

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32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify)

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

02 / 27 / 2014

Transaction ID : C9651481

Amount of Each Receipt this Period

522.98

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify)

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

02 / 27 / 2014

Transaction ID : C9651482

Amount of Each Receipt this Period

174.32

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify)

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

02 / 28 / 2014

Transaction ID : C9651485

Amount of Each Receipt this Period

277.30

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

974.60

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

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A. Florida AFL-CIO

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135 S. Monroe Street

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Tallahassee

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FL

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32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2014

Transaction ID : C9651483

Amount of Each Receipt this Period

432.98

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2014

Transaction ID : C9651484

Amount of Each Receipt this Period

144.32

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

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Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2014

Transaction ID : C9651486

Amount of Each Receipt this Period

277.30

* In-Kind: In-Kind Contribution

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

854.60

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

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

03 / 03 / 2014

Transaction ID : C9651487

Amount of Each Receipt this Period

635.48

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

03 / 03 / 2014

Transaction ID : C9651488

Amount of Each Receipt this Period

211.82

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

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FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

03 / 04 / 2014

Transaction ID : C9651489

Amount of Each Receipt this Period

646.72

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1494.02

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

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federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2014

Transaction ID : C9651490

Amount of Each Receipt this Period

215.58

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

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Tallahassee

State

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Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2014

Transaction ID : C9651491

Amount of Each Receipt this Period

607.35

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

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Tallahassee

State

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Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2014

Transaction ID : C9651492

Amount of Each Receipt this Period

202.45

* In-Kind: In-Kind Contribution

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

1025.38

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

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135 S. Monroe Street

City

Tallahassee

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FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼ Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2014

Transaction ID : C9651493

Amount of Each Receipt this Period

534.22

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼ Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2014

Transaction ID : C9651494

Amount of Each Receipt this Period

202.45

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

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Tallahassee

State

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Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2014

Transaction ID : C9629262

Amount of Each Receipt this Period

5000.00

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

5736.67

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

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FL

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32301

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federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

▼

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

03 / 06 / 2014

Transaction ID : C9629263

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☒ Other (specify) ▼

☐ General

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

03 / 07 / 2014

Transaction ID : C9651497

Amount of Each Receipt this Period

387.97

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

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Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☒ Other (specify) ▼

☐ General

Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

03 / 07 / 2014

Transaction ID : C9651498

Amount of Each Receipt this Period

129.32

* In-Kind: In-Kind Contribution

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5517.29

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

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Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2014

Transaction ID : C9651495

Amount of Each Receipt this Period

781.72

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

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Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2014

Transaction ID : C9651496

Amount of Each Receipt this Period

260.57

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

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Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary☐ General☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2014

Transaction ID : C9651499

Amount of Each Receipt this Period

1017.97

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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2060.26

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

03 / 09 / 2014

Transaction ID : C9651500

Amount of Each Receipt this Period

339.32

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

03 / 10 / 2014

Transaction ID : C9651501

Amount of Each Receipt this Period

1574.85

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

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Tallahassee

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federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

03 / 10 / 2014

Transaction ID : C9651502

Amount of Each Receipt this Period

524.95

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

2439.12

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

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federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : C9651503

Amount of Each Receipt this Period

1276.72

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. Florida AFL-CIO

Mailing Address c/o Mike Williams

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State

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Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : C9651504

Amount of Each Receipt this Period

395.57

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C. Florida AFL-CIO

Mailing Address c/o Mike Williams

135 S. Monroe Street

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34083.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : C9651724

Amount of Each Receipt this Period

6630.01

SUBTOTAL of Receipts This Page (optional)..... ►

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

8302.30

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

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

FOR LINE NUMBER: PAGE 23 OF 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. West Central Florida Federation of Labor

Mailing Address P. O. Box 76108

City State Zip Code
Tampa FL 33675-1108

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼ Special

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 27 2014

Transaction ID : C9651436

Amount of Each Receipt this Period

1050.00

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

B. West Central Florida Federation of Labor

Mailing Address P. O. Box 76108

City State Zip Code
Tampa FL 33675-1108

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼ Special

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 20 2014

Transaction ID : C9651437

Amount of Each Receipt this Period

3150.00

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

4200.00

38283.14

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

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

FOR LINE NUMBER: PAGE 24 OF 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. International Alliance of Theatrical Stage Employees Federal Speech PAC

Mailing Address 1430 Broadway 20th Floor

City State Zip Code
 New York NY 10018

FEC ID number of contributing
federal political committee.

C C00528455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

01 / **27** / **2014**

Transaction ID : C9552006

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
 Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼
 Special

Aggregate Year-to-Date ▼

437.29

Date of Receipt

02 / **26** / **2014**

Transaction ID : C9651440

Amount of Each Receipt this Period

34.29

* In-Kind: In Kind Contribution

Full Name (Last, First, Middle Initial)

C. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
 Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼
 Special

Aggregate Year-to-Date ▼

437.29

Date of Receipt

02 / **26** / **2014**

Transaction ID : C9651441

Amount of Each Receipt this Period

11.42

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

25045.71

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 87

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) **Special**

Aggregate Year-to-Date ▼

437.29

Date of Receipt

02 / **26** / **2014**

Transaction ID : C9651442

Amount of Each Receipt this Period

122.27

* In-Kind: In Kind Contribution

Full Name (Last, First, Middle Initial)

B. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) **Special**

Aggregate Year-to-Date ▼

437.29

Date of Receipt

02 / **26** / **2014**

Transaction ID : C9651443

Amount of Each Receipt this Period

40.76

* In-Kind: In Kind Contribution

Full Name (Last, First, Middle Initial)

C. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) **Special**

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **03** / **2014**

Transaction ID : C9651444

Amount of Each Receipt this Period

34.29

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

197.32

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

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

FOR LINE NUMBER: PAGE 26 OF 87
(check only one)

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) **Special**

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **03** / **2014**

Transaction ID : C9651445

Amount of Each Receipt this Period

11.42

* In-Kind: In Kind Contribution

Full Name (Last, First, Middle Initial)

B. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) **Special**

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **04** / **2014**

Transaction ID : C9651446

Amount of Each Receipt this Period

34.29

* In-Kind: In Kind Contribution

Full Name (Last, First, Middle Initial)

C. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) **Special**

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **04** / **2014**

Transaction ID : C9651447

Amount of Each Receipt this Period

11.42

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

57.13

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 27 OF 87

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **05** / **2014**

Transaction ID : C9651448

Amount of Each Receipt this Period

34.29

* In-Kind: In Kind Contribution

Full Name (Last, First, Middle Initial)

B. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **05** / **2014**

Transaction ID : C9651449

Amount of Each Receipt this Period

11.42

* In-Kind: In Kind Contribution

Full Name (Last, First, Middle Initial)

C. International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify) ▼
Special

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **06** / **2014**

Transaction ID : C9651428

Amount of Each Receipt this Period

11.42

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

57.13

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 28 OF 87

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

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NAME OF COMMITTEE (In Full)

Workers' Voice

A. Full Name (Last, First, Middle Initial)
International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) ☐ Special

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **06** / **2014**

Transaction ID : C9651450

Amount of Each Receipt this Period

34.29

* In-Kind: In Kind Contribution

B. Full Name (Last, First, Middle Initial)
International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) ☐ Special

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **10** / **2014**

Transaction ID : C9651438

Amount of Each Receipt this Period

34.29

* In-Kind: In Kind Contribution

C. Full Name (Last, First, Middle Initial)
International Union of Painters and Allied Trades Political Action Together Political Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00000885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General
☒ Other (specify) ☐ Special

Aggregate Year-to-Date ▼

437.29

Date of Receipt

03 / **10** / **2014**

Transaction ID : C9651439

Amount of Each Receipt this Period

11.42

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

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

25437.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 87

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 382110

City
CambridgeState
MAZip Code
02238-2110Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 07 / 2014

Transaction ID : D515416

Amount of Each Disbursement this Period

0.40

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 382110

City
CambridgeState
MAZip Code
02238-2110Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 08 / 2014

Transaction ID : D515505

Amount of Each Disbursement this Period

1.87

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 382110

City
CambridgeState
MAZip Code
02238-2110Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 13 / 2014

Transaction ID : D517587

Amount of Each Disbursement this Period

0.40

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

2.67

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Workers' Voice

A. ACTBLUE

003

A horizontal bar with a value of 0.60. The bar is light gray with a darker gray border. It has a series of small, dark gray rectangular markers along its top and bottom edges. The value "0.60" is displayed in black text at the right end of the bar.

State: District:

B. ACTBLUE

M M / D D / Y Y Y Y
03 12 2014

003

State: District:

C. AFL-CIO

001

92.91

State: District:

Response	Percentage
Yes	94.11

The diagram shows a rectangular frame with 10 vertical members and 2 horizontal members. A cross-section of a member is shown, indicating a rectangular shape with a central void.

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Workers' Voice

A. AFL-CIO

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

1750.00

B. AFL-CIO

MM / DD / YYYY
03 / 21 / 2014

001

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

132.25

C. AFL-CIO

03 / 21 / 2014

001

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

21159.76

23042.01

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Workers' Voice

A. AFL-CIO



001

1750.00

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

B. AFL-CIO

MM / DD / YYYY

001

221.26

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. AFL-CIO

001

22462.88

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

24434.14

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Workers' Voice

A. AFL-CIO

001

229.23

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. AFL-CIO

001

221.71

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C. AFL-CIO

001

225.42

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

676.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. American Bridge 21st Century

Date of Disbursement

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

Mailing Address 455 Massachusetts Avenue, NW
6th Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
Research Services

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : D518467

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

B. Horacio Arroyo

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				1	6						2	0	1	4

Mailing Address 12070 Woodbridge Street, Apt 8

City Los Angeles State CA Zip Code 91640

Purpose of Disbursement
Non Federal Flier Printing

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : D514415

Amount of Each Disbursement this Period

382.18

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	2				0	7						2	0	1	4

Mailing Address 283 College Manor Drive

City Arnold State MD Zip Code 21012

Purpose of Disbursement
Proofing Svs

004

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : D518608

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

100407.18

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Department of the Treasury

Mailing Address Internal Revenue Service Center

City

Ogden

State

UT

Zip Code

84201-0027

Purpose of Disbursement

1120 POL Tax Due

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

03

14

2014

Transaction ID : D521988

Amount of Each Disbursement this Period

345.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City

Bethesda

State

MD

Zip Code

20814

Purpose of Disbursement

Graphic Layout Design Svs

004

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

02

18

2014

Transaction ID : D519402

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City

Bethesda

State

MD

Zip Code

20814

Purpose of Disbursement

Graphic Layout Design Svs

004

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

02

18

2014

Transaction ID : D519403

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)..... ►

425.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 87

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. NGP VAN, INC.Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Qtrly Reporting System State Registrations

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 25 2014**Transaction ID : D519529**

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

B. NGP VAN, INC.Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Qtrly Reporting System Registration

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 07 2014**Transaction ID : D518916**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. NJ Workers' Voices

Mailing Address 106 West State Street

City Trenton State NJ Zip Code 08608

Purpose of Disbursement
In Kind Staff Salary and Costs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 31 2014**Transaction ID : D524884**

Amount of Each Disbursement this Period

11307.72

[MEMO ITEM]

InKind Staff Salary/Costs

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

1600.00

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Workers' Voice

A. PayPal

City	State	Zip Code
Chicago	IL	60677-4001

Purpose of Disbursement	Online Fundraising Transaction Fees

003

Candidate Name

3.20

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Printmeisters of Orlando, Inc.

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2014

Mailing Address 10732 William Tell Drive

City	State	Zip Code
Orlando	FL	32821

Transaction ID : D513664

Purpose of Disbursement	Non Federal Flier Printing
-------------------------	----------------------------

004

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

702.90

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. The McLaughlin Company

Date of Disbursement

M M / D D / Y Y Y Y
02 25 2014

Mailing Address 9210 Corporate Blvd., Suite 250

City	State	Zip Code
Rockville	MD	20850

Transaction ID : D519672

Purpose of Disbursement	Insurance Deductible

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1206.10

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

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Workers' Voice

A. The McLaughlin Company

Mailing Address 9210 Corporate Blvd., Suite 250

City	State	Zip Code
Rockville	MD	20850

Purpose of Disbursement	Insurance Deductible

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement



Transaction ID : D519673

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Trister, Ross, Schadler & Gold, PLLC

Mailing Address 1666 Connecticut Avenue, NW 5th Fl

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement	Legal Services

Candidate Name	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
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9	9
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98	98
99	99
100	100

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

03 / 19 / 2014

Transaction ID : D520800

Amount of Each Disbursement this Period

9030.78

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

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

9530.78

161721.91

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Workers' Voice

A. AFL-CIO



012

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

116660.14

B. EAN SERVICES, LLC

M M / D D / Y Y Y Y
01 16 2014

001

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

500.00

C. EAN SERVICES, LLC

001

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

500.00

117660.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City	State	Zip Code
Cheverly	MD	20781

Purpose of Disbursement
Virginia Non Federal Fliers

004

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2014

Transaction ID : D519871

Amount of Each Disbursement this Period

112.50

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City	State	Zip Code
Cheverly	MD	20781

Purpose of Disbursement
Virginia Non Federal Fliers

004

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2014

Transaction ID : D519873

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

C. The Pivot GroupMailing Address 1720 I St NW
Ste 550

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement
Virginia Non Federal Direct Mail

004

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	2014
	☐ Primary
	☐ General
	☒ Other (specify) ▼
	Special

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2014

Transaction ID : D518918

Amount of Each Disbursement this Period

8287.19

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

8579.69

126239.83

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination / / 02 / 08 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 120.00		
City Washington		State DC	Zip Code 20006		Transaction ID : D530897
Purpose of Expenditure Fliers		Category/ Type 004		Date of Disbursement or Obligation / / 01 / 30 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination / / 02 / 05 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D523169
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation / / 02 / 05 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 283.02		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date / / 07 / 14 / 2014		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 02 / 06 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D523182
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 02 / 06 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 02 / 07 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D523183
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 02 / 07 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			326.04		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date 07 / 14 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 44 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D523184		
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2014		
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 09 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D523185		
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 09 / 2014		
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			326.04		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Elizabeth H Shuler		[Electronically Filed]		Date MM / DD / YYYY 07 / 14 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 45 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mosaic			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 15 / 2014		
Mailing Address 4801 Viewpoint Place			Amount 225.00		
City Cheverly		State MD	Zip Code 20781		Transaction ID : D519970
Purpose of Expenditure Fliers		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D523186
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			388.02		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 46 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 02 / 11 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D523189
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 02 / 11 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 02 / 12 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D523187
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 02 / 12 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 326.04					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date 07 / 14 / 2014		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 47 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 13 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D523190
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 02 / 13 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ Support ☐ Oppose ☐ President ☐ Senate District: <u>13</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D523191
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 02 / 14 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ Support ☐ Oppose ☐ President ☐ Senate District: <u>13</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			326.04		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date MM / DD / YYYY 07 / 14 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 163.02	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D523192
Purpose of Expenditure In-Kind Staff	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 15 / 2014	
Name of Federal Candidate ALEX SINK		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 16 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 163.02	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D523193
Purpose of Expenditure In-Kind Staff	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 16 / 2014	
Name of Federal Candidate ALEX SINK		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		326.04	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Elizabeth H Shuler</i>		Date MM / DD / YYYY 07 / 14 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 49 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 163.02		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D523194	
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 17 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 18 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 163.02		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D523195	
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 18 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		326.04		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Elizabeth H Shuler</i>		Date MM / DD / YYYY 07 / 14 / 2014		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 163.02		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D520486
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 277.30		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D520487
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					440.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date M M / D D / Y Y Y Y Y Y		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 51 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 21 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 277.30		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D520488	
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 21 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 22 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 637.30		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D520489	
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 22 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		914.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Elizabeth H Shuler</i>		Date MM / DD / YYYY 07 / 14 / 2014		
[Electronically Filed]				

Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 23 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 277.30	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D520636 Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2014
Purpose of Expenditure In-Kind Staff		Category/ Type 004	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House ☐ President ☐ Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36362.29		Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	502.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital clock displays are shown side-by-side, separated by slashes. The first display shows '07' with 'M' and 'M' above it. The second display shows '14' with 'D' and 'D' above it. The third display shows '2014' with 'Y', 'Y', 'Y', and 'Y' above it.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 53 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 02 / 24 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 432.98		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D520637
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 02 / 24 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 02 / 24 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 144.32		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D520817
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 02 / 24 / 2014	
Name of Federal Candidate DAVID W. JOLLY			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					577.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date 07 / 14 / 2014		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 25 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 277.30		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D520647
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 02 / 25 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2014		
Mailing Address 1750 New York Avenue, NW			Amount 34.29		
City Washington		State DC	Zip Code 20006		Transaction ID : D520745
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			311.59		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Elizabeth H Shuler			Date MM / DD / YYYY 07 / 14 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 55 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2014	
Mailing Address 1750 New York Avenue, NW		Amount 11.42	
City Washington	State DC	Zip Code 20006	Transaction ID : D520746
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2014
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2014	
Mailing Address 1750 New York Avenue, NW		Amount 122.27	
City Washington	State DC	Zip Code 20006	Transaction ID : D520749
Purpose of Expenditure In-Kind Phone Banking Equipment Shipping		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2014
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		133.69	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 14 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 56 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2014	
Mailing Address 1750 New York Avenue, NW		Amount 40.76	
City Washington	State DC	Zip Code 20006	Transaction ID : D520750
Purpose of Expenditure In-Kind Phone Banking Equipment Shipping		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2014
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 682.35	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D520818
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2014
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		723.11	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler Signature		[Electronically Filed] Date MM / DD / YYYY 07 / 14 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 57 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination / / 02 / 26 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 227.45		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D520819
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation / / 02 / 26 / 2014	
Name of Federal Candidate DAVID W. JOLLY			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination / / 02 / 27 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 522.98		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D520918
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation / / 02 / 27 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			750.43		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date / / 07 / 14 / 2014		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 58 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 02 / 27 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 174.32		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D520919
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 02 / 27 / 2014	
Name of Federal Candidate DAVID W. JOLLY			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee West Central Florida Federation of Labor			Date of Public Distribution/Dissemination 02 / 27 / 2014		
Mailing Address P. O. Box 76108			Amount 3150.00		
City Tampa		State FL	Zip Code 33675-1108		Transaction ID : D520921
Purpose of Expenditure In Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation 02 / 27 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u> ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3324.32		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date 07 / 14 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 59 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee West Central Florida Federation of Labor			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 27 / 2014		
Mailing Address P. O. Box 76108			Amount 1050.00		
City Tampa		State FL	Zip Code 33675-1108		Transaction ID : D520932 Date of Disbursement or Obligation MM / DD / YYYY 02 / 27 / 2014
Purpose of Expenditure In Kind Phone Banking Equipment		Category/ Type 004			
Name of Federal Candidate DAVID W. JOLLY			☐ Support ☒ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 48.00		
City Washington		State DC	Zip Code 20006		Transaction ID : D519973 Date of Disbursement or Obligation MM / DD / YYYY 02 / 28 / 2014
Purpose of Expenditure Reimburse Walk Product		Category/ Type 004			
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1098.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Elizabeth H Shuler			[Electronically Filed]		Date MM / DD / YYYY 07 / 14 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 60 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2014	
Mailing Address 815 - 16th Street, NW			Amount 99.99 59.56	
City Washington	State DC	Zip Code 20006	Transaction ID : D520196	
Purpose of Expenditure Reimburse Walk Product		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 28 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 99.99 36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 22 / 2014	
Mailing Address 815 - 16th Street, NW			Amount 99.99 29.51	
City Washington	State DC	Zip Code 20006	Transaction ID : D520740	
Purpose of Expenditure Reimburse Walk Product		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 28 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 99.99 36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.99 89.07	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99.99 	
(c) TOTAL Independent Expenditures..... ▶			99.99 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Elizabeth H Shuler</i>		[Electronically Filed]		Date MM / DD / YYYY 07 / 14 / 2014

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 02 / 28 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 277.30		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D520967
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 02 / 28 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
Full Name of Payee Mosaic			Date of Public Distribution/Dissemination 03 / 01 / 2014		
Mailing Address 4801 Viewpoint Place			Amount 450.00		
City Cheverly		State MD	Zip Code 20781		Transaction ID : D520920
Purpose of Expenditure Fliers		Category/ Type 004		Date of Disbursement or Obligation 03 / 01 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			36362.29		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			727.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Elizabeth H Shuler			Date 07 / 14 / 2014		[Electronically Filed]

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 62 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 01 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 432.98	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D520939
Purpose of Expenditure In-Kind Staff	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 01 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 01 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 144.32	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D520940
Purpose of Expenditure In-Kind Staff	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 01 / 2014	
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		577.30	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler Signature		[Electronically Filed] Date MM / DD / YYYY 07 / 14 / 2014	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 63 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination / /		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 277.30		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D521129
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation / /	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination / /		
Mailing Address 1750 New York Avenue, NW			Amount 34.29		
City Washington		State DC	Zip Code 20006		Transaction ID : D521126
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation / /	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			311.59		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Elizabeth H Shuler			Date / /		[Electronically Filed]

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination 03 / 03 / 2014		
Mailing Address 1750 New York Avenue, NW			Amount 11.42		
City Washington		State DC	Zip Code 20006		Transaction ID : D521127
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation 03 / 03 / 2014	
Name of Federal Candidate DAVID W. JOLLY			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 03 / 03 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 635.48		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D521131
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 03 / 03 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			646.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date 07 / 14 / 2014		
[Electronically Filed]					

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 211.82	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521132
Purpose of Expenditure In-Kind Staff	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2014
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 646.72	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521137
Purpose of Expenditure In-Kind Staff	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		858.54	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Elizabeth H Shuler</i>		Date M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 66 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination / / 03 / 04 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 215.58		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D521138
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation / / 03 / 04 / 2014	
Name of Federal Candidate DAVID W. JOLLY			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination / / 03 / 04 / 2014		
Mailing Address 1750 New York Avenue, NW			Amount 34.29		
City Washington		State DC	Zip Code 20006		Transaction ID : D521158
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation / / 03 / 04 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 249.87		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date / / 07 / 14 / 2014		
[Electronically Filed]					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 67 OF 87
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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2014	
Mailing Address 1750 New York Avenue, NW		Amount 11.42	
City Washington	State DC	Zip Code 20006	Transaction ID : D521159
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 2014
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 05 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 607.35	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521228
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 05 / 2014
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		618.77	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 14 / 2014	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 68 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 03 / 05 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 202.45		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D521229
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 03 / 05 / 2014	
Name of Federal Candidate DAVID W. JOLLY			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination 03 / 05 / 2014		
Mailing Address 1750 New York Avenue, NW			Amount 34.29		
City Washington		State DC	Zip Code 20006		Transaction ID : D521232
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation 03 / 05 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			236.74		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			[Electronically Filed]		Date 07 / 14 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 69 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 05 / 2014		
Mailing Address 1750 New York Avenue, NW			Amount 11.42		
City Washington		State DC	Zip Code 20006		Transaction ID : D521233
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 05 / 2014	
Name of Federal Candidate DAVID W. JOLLY			Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 534.22		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D521238
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			545.64		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date MM / DD / YYYY 07 / 14 / 2014		
[Electronically Filed]					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 70 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 03 / 06 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 202.45		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D521239
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 03 / 06 / 2014	
Name of Federal Candidate DAVID W. JOLLY			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination 03 / 06 / 2014		
Mailing Address 1750 New York Avenue, NW			Amount 34.29		
City Washington		State DC	Zip Code 20006		Transaction ID : D521245
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation 03 / 06 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			236.74		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date 07 / 14 / 2014		
			[Electronically Filed]		

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 71 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination 03 / 06 / 2014		
Mailing Address 1750 New York Avenue, NW			Amount 11.42		
City Washington		State DC	Zip Code 20006		Transaction ID : D521246
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation 03 / 06 / 2014	
Name of Federal Candidate DAVID W. JOLLY			Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 03 / 07 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 387.97		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D521340
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation 03 / 07 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			399.39		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Elizabeth H Shuler			Date 07 / 14 / 2014		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 72 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 07 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 129.32	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521341
Purpose of Expenditure In-Kind Staff	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 07 / 2014
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 781.72	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521337
Purpose of Expenditure In-Kind Staff	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 08 / 2014
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		911.04	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Elizabeth H Shuler</i>		Date MM / DD / YYYY 07 / 14 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 73 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 260.57	
City Tallahassee		State FL	Zip Code 32301	
Purpose of Expenditure In-Kind Staff		Category/ Type	Transaction ID : D521338 Date of Disbursement or Obligation MM / DD / YYYY 03 / 08 / 2014	
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
36362.29				
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 1017.97	
City Tallahassee		State FL	Zip Code 32301	
Purpose of Expenditure In-Kind Staff		Category/ Type	Transaction ID : D521384 Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
36362.29				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1278.54	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler Signature				
[Electronically Filed]				
Date MM / DD / YYYY 07 / 14 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 74 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 339.32		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521385	
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2014	
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 1574.85		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521766	
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		1914.17		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Elizabeth H Shuler</i>		Date MM / DD / YYYY 07 / 14 / 2014		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 75 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 524.95		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D521767
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014	
Name of Federal Candidate DAVID W. JOLLY			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 318.75		
City Washington		State DC	Zip Code 20006		Transaction ID : D521768
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u> ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			843.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date MM / DD / YYYY 07 / 14 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 76 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination 03 / 10 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 106.94		
City Washington		State DC	Zip Code 20006		Transaction ID : D521769
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004		Date of Disbursement or Obligation 03 / 10 / 2014	
Name of Federal Candidate DAVID W. JOLLY			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination 03 / 10 / 2014		
Mailing Address 1750 New York Avenue, NW			Amount 34.29		
City Washington		State DC	Zip Code 20006		Transaction ID : D521770
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation 03 / 10 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			141.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date 07 / 14 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 77 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2014		
Mailing Address 1750 New York Avenue, NW			Amount 11.42		
City Washington		State DC	Zip Code 20006		Transaction ID : D521771
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2014	
Name of Federal Candidate DAVID W. JOLLY			☐ Support ☒ Oppose Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2014		
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 1276.72		
City Tallahassee		State FL	Zip Code 32301		Transaction ID : D521781
Purpose of Expenditure In-Kind Staff		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 11 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1288.14		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Elizabeth H Shuler			Date MM / DD / YYYY 07 / 14 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 78 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination 03 / 11 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amount 395.57	
City Tallahassee		State FL	Zip Code 32301	
Purpose of Expenditure In-Kind Staff		Category/ Type 004	Transaction ID : D521783 Date of Disbursement or Obligation 03 / 11 / 2014	
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination 02 / 26 / 2014	
Mailing Address 815 - 16th Street, NW			Amount 81.47	
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004	Transaction ID : D520828 Date of Disbursement or Obligation 03 / 19 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			477.04	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Elizabeth H Shuler</i>		[Electronically Filed]		Date 07 / 14 / 2014

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 01 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 23.22	
City Washington	State DC	Zip Code 20006	Transaction ID : D520531 Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014
Purpose of Expenditure Reimburse Walk Product		Category/ Type 004	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.38
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital clock displays are shown, each with a different time and date. The first display shows 07:14:2014. The second display shows 14:20:2014. The third display shows 2014:20:14.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 80 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 01 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 17.66		
City Washington		State DC	Zip Code 20006		Transaction ID : D520827
Purpose of Expenditure Reimburse Walk Product		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014		
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 01 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 47.74		
City Washington		State DC	Zip Code 20006		Transaction ID : D520936
Purpose of Expenditure Reimburse Walk Product		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014		
Name of Federal Candidate ALEX SINK			Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date MM / DD / YYYY 07 / 14 / 2014		
			[Electronically Filed]		

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 6.30	
City Washington	State DC	Zip Code 20006	Transaction ID : D521125
Purpose of Expenditure Reimburse Auto Dialer Phones	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014	
Name of Federal Candidate DAVID W. JOLLY	☐ Support ☒ Oppose	Office Sought: ☐ President ☐ Senate	☒ House District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought	36362.29	Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.22
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2014	
Mailing Address 815 - 16th Street, NW		Amount Amount 37.79	
City Washington	State DC	Zip Code 20006	Transaction ID : D521157 Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004	
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House ☐ President ☐ Senate
Calendar Year-To-Date Per Election for Office Sought		Amount 36362.29	District: 13 State: FL Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		151.16
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Three digital clock displays are shown, each with a different time and date. The first display shows 07:14:2014. The second display shows 14:20:2014. The third display shows 2014:20:14.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 83 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2014		
Mailing Address 507 N. Sylvania Avenue			Amount 1250.00		
City Fort Worth		State TX	Zip Code 76111		Transaction ID : D521199
Purpose of Expenditure GOTV Calls		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2014	
Name of Federal Candidate DAVID W. JOLLY			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2014		
Mailing Address 507 N. Sylvania Avenue			Amount 3750.00		
City Fort Worth		State TX	Zip Code 76111		Transaction ID : D521203
Purpose of Expenditure GOTV Calls		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2014	
Name of Federal Candidate ALEX SINK			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 84 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 05 / 2014	
Mailing Address 815 - 16th Street, NW			Amount 150.23	
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/Type 004	Transaction ID : D521230 Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014	
Name of Federal Candidate ALEX SINK		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 05 / 2014	
Mailing Address 815 - 16th Street, NW			Amount 50.08	
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/Type 004	Transaction ID : D521231 Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014	
Name of Federal Candidate DAVID W. JOLLY		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		36362.29	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			200.31	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Elizabeth H Shuler</i>		[Electronically Filed]		Date MM / DD / YYYY 07 / 14 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 85 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 204.83		
City Washington		State DC	Zip Code 20006		Transaction ID : D521241
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014	
Name of Federal Candidate ALEX SINK			Office Sought: ☒ Support ☐ Oppose House District: 13 President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 68.27		
City Washington		State DC	Zip Code 20006		Transaction ID : D521243
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014	
Name of Federal Candidate DAVID W. JOLLY			Office Sought: ☐ Support ☒ Oppose House District: 13 President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			273.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Elizabeth H Shuler			Date MM / DD / YYYY 07 / 14 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 86 OF 87
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 59.02		
City Washington		State DC	Zip Code 20006		Transaction ID : D521339
Purpose of Expenditure Reimburse Walk Product		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014		
Name of Federal Candidate ALEX SINK			Office Sought: ☒ Support ☐ Oppose ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2014		
Mailing Address 815 - 16th Street, NW			Amount 153.04		
City Washington		State DC	Zip Code 20006		Transaction ID : D521672
Purpose of Expenditure Reimburse Walk Product		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014		
Name of Federal Candidate ALEX SINK			Office Sought: ☒ Support ☐ Oppose ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 36362.29			Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			212.06		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date MM / DD / YYYY 07 / 14 / 2014		
			[Electronically Filed]		

Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 507 N. Sylvania Avenue		Amount 1657.51	
City Fort Worth	State TX	Zip Code 76111	Transaction ID : D521773
Purpose of Expenditure GOTV Calls	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 21 / 2014
Name of Federal Candidate DAVID W. JOLLY	☐ Support ☒ Oppose	Office Sought: ☐ President ☐ Senate	☒ House District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought	36362.29		Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶

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