

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Retail, Wholesale and Dept. Store Union Int'l Treasury Account</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 10 / 2014</b>
Mailing Address <b>30 E29th St.</b>	Amount <b>42.77</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10016</b>	<b>Transaction ID : D537046</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 10 / 2014</b>
Purpose of Expenditure InKind Staff	Category/Type <b>001</b>
Name of Federal Candidate <b>GARY PETERS</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought <b>46747.13</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>USW Works</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>
Mailing Address <b>FIVE GATEWAY CENTER</b>	Amount <b>461.58</b>
City <b>Pittsburgh</b> State <b>PA</b> Zip Code <b>15222</b>	<b>Transaction ID : D537127</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>
Purpose of Expenditure InKind Staff	Category/Type <b>001</b>
Name of Federal Candidate <b>MITCH MCCONNELL</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <b>44527.54</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>504.35</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> 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 M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2015**