

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The Voices of the American Federation of Government Employees	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00512293 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee WORKING AMERICA	Date <div style="border: 1px solid black; padding: 2px;"> 06 / 07 / 2012 </div>
Mailing Address 815 16TH ST NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 33333.00 </div>
City WASHINGTON State DC Zip Code 20006	Transaction ID : SE.4179
Purpose of Expenditure voter education for the general election in state of VA	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">005</div>
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. TIMOTHY MICHAEL KAINE	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">33333.00</div>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
Disbursement For: <input type="checkbox"/> Other (specify) ▶ _____	2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 33333.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 33333.00 </div>

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.

Mr. John Gage
 Signature _____ **[Electronically Filed]** Date

06 / 08 / 2012