Image# 14960634989 PAGE 1 / 87

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C00484287 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Non-election Report for the: C Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Report for the: State of POST-Election Report for the: Election on Report for the: Corvering Period Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.				Office Use Only
ADDRESS (number and street) Check if different than previously reported. (ACC) PEC IDENTIFICATION NUMBER V CITY A STATE A ZIP CODE A 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) July 31 Mid-Year Report (Q3) July 31 Mid-Year Report (Name of State of PRE-Election Report for the: Covering Period Q1 Q1 Q2 Q4 Q4 Q5 Q4 Q6 Q6 Q6 Q6 Q6 Q6 Q6		YPE OR PRINT ▼		12FE4M5
Check if different than previously reported. (ACC) Washington C C 20006	Workers' Voice			
Check if different than previously reported. (ACC) Washington C C 20006				
Check if different than previously reported. (ACC) Washington C C 20006				
than previously reported. (ACC) Washington reported. (ACC) Zepted (ACC) Type of Report C C C00484287 (b) Monthly Report (Choose One) (a) Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q3) Quarterly Report (Q4) Firmination Report (C1) (d) 30-Day POST-Election Report (Non-election Year Only) (MY) Termination Report (TER) Find (30R) Report (Non-election Year Only) (MY) Report (Non-election Year Only) (MY) Find (30R) Report (Non-election Year Only) (MY) Fin the State of Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Find (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Covering Period Termination Report (TER) Termination Report (T	ADDRESS (number and street)	815 - 16th Street, NW 7th	Floor	
Teported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ 3. IS THIS REPORT ★ (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 Agrae-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) PRE-Election (Mon-election Report (Non-election Year Only) (MY) Termination Report (YE) Termination Report (TER) 5. Covering Period 01 01 01 2014 through 03 31 2 2014 . CITY ▲ STATE ▲ ZIP CODE ▲ AMENDED (A) AMENDED (A) AMENDED (A) Nov 20 (M1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1) Nov 20 (M1) Nov 20 (M1) Poe 20 (M1) Nov 20 (M1) Nov 20 (M1) Poe 20 (M9) Poe 20 (M9) Perimary (12P) General (12G) Runoff (12R) Primary (12P) General (12G) Runoff (30R) Special (30S) Report for the: Election on State of Termination Report (TER) Termination Report (M) 2014 Through 03 31 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Check if different			
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Termination Report (TER) 3. IS THIS REPORT (N) OR (A) May 20 (M5) May 20 (M5) May 20 (M8) Nov 20 (M1) May 20 (M8) Nov 20 (M1) N		Washington		DC 20006 -
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 (Non-election Year Only) (MY) PRE-Election Report for the: Convention (12C) Special (12S) Election on General (30G) Report (30R) Report only Into-Election Report (12P) Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (Non-election Year Only) Into-Election Report (12P) Report (12P) Report only Into-Election Report for the: Convention (12C) Special (12S) Election on Fermination Report (TER) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1) Sep 20 (M9) Primary (12P) General (12G) Runoff (12R) Find the State of General (30G) Runoff (30R) Special (30S) Report for the: Election on The May 1 May 20 (M5) Aug 20 (M8) Nov 20 (M1)	2. FEC IDENTIFICATION NUM	/IBER ▼ C	CITY A	STATE ▲ ZIP CODE ▲
(Choose One) (Choose One) (Report Due On: Report Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M1) (Non-Election Year Only) (Non-Election Year Only) (M2) (C) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12S) (Doughterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (YE) State of Year Only) (MY) (Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (C) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12S) (d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S) Termination Report (TER) (d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S) Report for the: Feb 20 (M2) Mar 20 (M6) Sep 20 (M9) Dec 20 (M1) Dec 20 (M10) Jan 31 (YE)	C C00484287	3.	IS THIS REPORT X (N) OF	
(a) Quarterly Reports: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Decided on Year Only)		Report	eb 20 (M2) May 20 (M	(Non-Election
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) April 15 Quarterly Report (Q1) Locaterly Report (Q2) Cotober 15 Quarterly Report (YE) Special (12C) Election On Felocition Report (Non-election Year Only) (MY) Foot April 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) Felocition Report for the: Election on Felocition Report (Non-election Year Only) (MY) Foot April 15 Quarterly Report (Q2) Runoff (12R) For April 15 Quarterly Report (Q2) Runoff (12R) For April 15 Quarterly Report (Q2) Runoff (12R) Runoff (12R) Felocition Report (Non-election Year Only) (MY) For April 15 Runoff (12R) Runoff (12R) For April 12 Runoff (12R) For April 12 Runoff (12R) Runoff (12R) For April 12 Runoff (1	(a) Quarterly Reports:	M		(Non-Election Year Only)
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) Description Termination Report (TER) Report and to the best of my knowledge and belief it is true, correct and complete.			pr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Report for the: Election on M. M. M. J. D. D. J. Y.	July 15	PRE-Election		
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Description on State of St			Convention (12C)	Special (125)
Report (Non-election Year Only) (MY) Termination Report (TER) Report (Non-election Year Only) (MY) Report (Non-election Year Only) (MY) Report (Non-election Year Only) (MY) Report (TER) Report (Non-election General (30G) Report (30R) Special (30S) Report (non-election Year Only) (MY) Special (30S) Report for the: In the State of State of Covering Period O1	January 31			iii tiio
Termination Report (TER) Election on Election on Election on State of Towns and to the best of my knowledge and belief it is true, correct and complete.	Report (Non-election	POST-Election	` '	Runoff (30R) Special (30S)
5. Covering Period 01 01 2014 through 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.		·	M = M / D = D /	
	5. Covering Period 01			
	I certify that I have examined this	Report and to the best	of my knowledge and belief it is	true, correct and complete.
	-	•	·	·
Signature of Treasurer Ms. Elizabeth H Shuler [Electronically Filed] Date MM M 04 10 2014	Signature of Treasurer Ms. Eliz	zabeth H Shuler	[Electronically Filed]	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	NOTE: Submission of false, erroneo	ous, or incomplete information	tion may subject the person signing	g this Report to the penalties of 2 U.S.C. §437g.
Office Use Only	Use			

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Workers' Voice 2014 03 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1717593.55 January 1, 2014 (b) Cash on Hand at 1717593.55 Beginning of Reporting Period..... 64149.40 64149.40 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1781742.95 1781742.95 6(a) and 6(c) for Column B)..... 324384.03 324384.03 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 1457358.92 1457358.92 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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 31 2014 01 01 Report Covering the Period: 2014 From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 38283.14 38283.14 (i) Itemized (use Schedule A)..... 235.00 (ii) Unitemized 235.00 (iii) TOTAL (add 38518.14 38518.14 Lines 11(a)(i) and (ii)......▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 25437.29 25437.29 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 63955.43 63955.43 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 Party Committees..... 0.00 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 Political Committees..... 0.00 17. Other Federal Receipts 193.97 (Dividends, Interest, etc.)..... 193.97 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00

64149.40	64149.40
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
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Ollow	Valendal Teal-to-Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I ederal Share	7	7 7
	(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
	Transfers to Affiliated/Other Party	101721.01	101721.01
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures		
	(use Schedule E)	36422.29	36422.29
. (Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
	(use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
		0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	Than I onton committees	, , ,	
	(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
(Other Disbursements	126239.83	126239.83
	5		
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	ř		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
		7	
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	324384.03	324384.03
	T. 15 1 18:1		
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	324384.03	324384.03
	III LIIIC 01)	021001.00	52 1504.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 0X (11cv. 02/2000)		i age o
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	63955.43	63955.43
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63955.43	63955.43
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	161721.91	161721.91
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	161721.91	161721.91

FOR LINE NUMBER: PAGE 6 OF 87 Use separate schedule(s) (check only one)

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
\rangle	NAME OF COMMITTEE (In Full) Workers' Voice			
۹.	Full Name (Last, First, Middle Initial) Florida AFL-CIO			Date of Receipt
	Mailing Address c/o Mike Williams 135 S. Monroe Street City	State	Zip Code	02 05 2014 Transaction ID : C9670287
	Tallahassee	FL	32301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		163.02
	Name of Employer	Occupation		
	Receipt For: 2014	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) Special		34083.14	* In-Kind: In-Kind Contribution
3.	Full Name (Last, First, Middle Initial) Florida AFL-CIO			Date of Receipt
	Mailing Address c/o Mike Williams 135 S. Monroe Street	02 06 2014		
	City	State	Zip Code	Transaction ID : C9670290
	Tallahassee	FL	32301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		163.02
	Name of Employer	Occupation		
	Receipt For: 2014 Primary General Other (specify) Special	Aggregate	Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
С.	Full Name (Last, First, Middle Initial) Florida AFL-CIO			Date of Receipt
	Mailing Address c/o Mike Williams			02 07 2014
	City 135 S. Monroe Street	State	Zip Code	Transaction ID : C9670292
	Tallahassee	FL	32301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		163.02
	Name of Employer	Occupation		
	Receipt For: 2014 Primary General Other (specify) Special	Aggregate	Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
s	UBTOTAL of Receipts This Page (optional)			489.06
Т	OTAL This Period (last page this line number of	nly)	·····	

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Workers' Voice		
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014	State Zip Code FL 32301 C Occupation	Date of Receipt 02 08 2014 Transaction ID : C9670293 Amount of Each Receipt this Period 163.02
Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City	State Zip Code	Date of Receipt M
Tallahassee FEC ID number of contributing federal political committee. Name of Employer	FL 32301 C Occupation	Amount of Each Receipt this Period 163.02
Receipt For: 2014 Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee	State Zip Code FL 32301	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer	Occupation	163.02
Receipt For: 2014 Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
SUBTOTAL of Receipts This Page (optional)		489.06
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 8 OF 87 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Workers' Voice		
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify) Special	State Zip Code FL 32301 C Occupation Aggregate Year-to-Date ▼ 34083.14	Date of Receipt M
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing federal political committee.	State Zip Code FL 32301	Date of Receipt M
Receipt For: 2014 Primary General Other (specify) Special	Occupation Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify) Special	State Zip Code FL 32301 C Occupation Aggregate Year-to-Date ▼ 34083.14	Date of Receipt 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)		489.06
TOTAL This Period (last page this line number of		

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 2014 City State Zip Code Transaction ID: C9670305 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing C 163.02 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Special Full Name (Last, First, Middle Initial) B. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 02 15 2014 City State Zip Code Transaction ID: C9670306 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 163.02 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify)
Special 34083.14 Full Name (Last, First, Middle Initial) c. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 02 16 2014 135 S. Monroe Street City State Zip Code Transaction ID: C9670309 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 163.02 С federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Špecial 489.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 10 OF 87 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 2014 City State Zip Code Transaction ID: C9670312 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing C 163.02 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Special Full Name (Last, First, Middle Initial) B. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 02 18 2014 City State Zip Code Transaction ID: C9670314 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 163.02 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify)
Special 34083.14 Full Name (Last, First, Middle Initial) c. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 02 19 2014 135 S. Monroe Street City State Zip Code Transaction ID: C9651461 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 163.02 С federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Špecial 489.06 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar		
NAME OF COMMITTEE (In Full) Workers' Voice		
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City State Tallahassee FL FEC ID number of contributing federal political committee. Name of Employer Occupa Receipt For: 2014 Primary General Other (specify) ▼ Aggreg	32301	Date of Receipt O2 20 2014 Transaction ID : C9651462 Amount of Each Receipt this Period 277.30 * In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City State Tallahassee FL FEC ID number of contributing federal political committee.	Zip Code 32301	Date of Receipt 02 21 2014 Transaction ID: C9651463 Amount of Each Receipt this Period 277.30
Name of Employer Occupa	ation ate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City State Tallahassee FL FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify) Special Aggreg	32301	Date of Receipt 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)		1191.90
TOTAL This Period (last page this line number only)		

FOR LINE NUMBER: PAGE 12 OF 87

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check on X 11a 13	lly one) 11b 11c 12 14 15 16 17
	ly information copied from such Reports and for commercial purposes, other than using t				purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Workers' Voice				
Α.				Date o	of Receipt
	Mailing Address c/o Mike Williams			M	
	135 S. Monroe Street City	State	Zip Code	U2 Tran	23 2014 saction ID : C9651475
	Tallahassee	FL	32301		nt of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			277.30
	Name of Employer	Occupation			
	Receipt For: 2014 Primary General Other (specify) Special	Aggregate	Year-to-Date ▼ 34083.14	* In-Kind	d: In-Kind Contribution
В.	Full Name (Last, First, Middle Initial) Florida AFL-CIO			Date o	of Receipt
	Mailing Address c/o Mike Williams 135 S. Monroe Street	0	7. 0.1	02	24 2014
	City Tallahassee	State FL	Zip Code 32301		saction ID : C9651476
	FEC ID number of contributing federal political committee.	С	32001	Amour	nt of Each Receipt this Period 432.98
	Name of Employer	Occupation			
	Receipt For: 2014	Aggregate `	Year-to-Date ▼		
	Primary General Other (specify) Special		34083.14	* In-Kind	d: In-Kind Contribution
С .	Full Name (Last, First, Middle Initial) Florida AFL-CIO			Date o	of Receipt
	Mailing Address c/o Mike Williams 135 S. Monroe Street			02	24 2014
	City	State FL	Zip Code		saction ID : C9651478
	Tallahassee	FL.	32301	Amour	nt of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			144.32
	Name of Employer	Occupation			
	Receipt For: 2014 Primary General	Aggregate `	Year-to-Date ▼	* In-Kin	d: In-Kind Contribution
_	Other (specify) Special		34083.14		
s	SUBTOTAL of Receipts This Page (optional)				854.60
Т	OTAL This Period (last page this line number	er only)			

FOR LINE NUMBER: PAGE 13 OF 87 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 2014 25 City State Zip Code Transaction ID: C9651477 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing C 277.30 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Special Full Name (Last, First, Middle Initial) B. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 02 26 2014 City State Zip Code Transaction ID: C9651479 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 682.35 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify)
Special 34083.14 Full Name (Last, First, Middle Initial) c. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 02 26 2014 135 S. Monroe Street City State Zip Code Transaction ID: C9651480 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 227.45 С federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Špecial 1187.10 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

FOR LINE NUMBER: PAGE 14 OF 87 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Workers' Voice		
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City	State Zip Code	Date of Receipt M
Tallahassee FEC ID number of contributing federal political committee. Name of Employer	FL 32301 C Occupation	Amount of Each Receipt this Period 522.98
Receipt For: 2014 Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) 3. Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street		Date of Receipt 02 27 2014
City Tallahassee FEC ID number of contributing	State Zip Code FL 32301	Transaction ID : C9651482 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	174.32
Receipt For: 2014 Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street		Date of Receipt 02 28 2014
City Tallahassee	State Zip Code FL 32301	Transaction ID : C9651485 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	277.30
Name of Employer	Occupation	
Receipt For: 2014 Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
SUBTOTAL of Receipts This Page (optional)		974.60
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 15 OF 87 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 03 01 2014 City State Zip Code Transaction ID: C9651483 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing C 432.98 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Special Full Name (Last, First, Middle Initial) B. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 03 01 2014 City State Zip Code Transaction ID: C9651484 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 144.32 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify)
Special 34083.14 Full Name (Last, First, Middle Initial) c. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 03 02 2014 135 S. Monroe Street City State Zip Code Transaction ID: C9651486 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 277.30 С federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Špecial 854.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 16 OF 87 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pee name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Workers' Voice		
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing federal political committee. Name of Employer	State Zip Code FL 32301	Date of Receipt 03 03 2014 Transaction ID : C9651487 Amount of Each Receipt this Period 635.48
Receipt For: 2014 Primary General Other (specify) Special	Occupation Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing federal political committee.	State Zip Code FL 32301	Date of Receipt 03 03 2014 Transaction ID : C9651488 Amount of Each Receipt this Period 211.82
Name of Employer Receipt For: 2014 Primary General Other (specify) Special	Occupation Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify) Special	State Zip Code FL 32301 C Occupation Aggregate Year-to-Date ▼ 34083.14	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	·····	1494.02
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 17 OF 87 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 03 04 2014 City State Zip Code Transaction ID: C9651490 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing C 215.58 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Special Full Name (Last, First, Middle Initial) B. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 03 05 2014 City State Zip Code Transaction ID: C9651491 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 607.35 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify)
Special 34083.14 Full Name (Last, First, Middle Initial) c. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 03 05 2014 135 S. Monroe Street City State Zip Code Transaction ID: C9651492 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 202.45 С federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Špecial 1025.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

FOR LINE NUMBER: PAGE 18 OF 87 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Workers' Voice		
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify)	State Zip Code FL 32301 C Occupation Aggregate Year-to-Date ▼ 34083.14	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing	State Zip Code FL 32301	Date of Receipt M M O O O 2014 Transaction ID: C9651494 Amount of Each Receipt this Period
Receipt For: 2014 Primary Other (specify) Special	Occupation Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code FL 32301 C Occupation Aggregate Year-to-Date ▼ 34083.14	Date of Receipt 03 06 2014 Transaction ID : C9629262 Amount of Each Receipt this Period 5000.00
SUBTOTAL of Receipts This Page (optional)		5736.67
TOTAL This Period (last page this line number	only)	

	FOR LINE	NUMBER	: PAGE	= 19 OF	
Use separate schedule(s)	(check onl	y one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Detailed Summary 1 age	13	14	15	16	-

87 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) Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 03 06 2014 City State Zip Code Transaction ID: C9629263 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 34083.14 Other (specify) Full Name (Last, First, Middle Initial) B. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 03 2014 07 City State Zip Code Transaction ID: C9651497 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 387.97 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify)
Special 34083.14 Full Name (Last, First, Middle Initial) c. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams M = M 2014 03 07 135 S. Monroe Street Zip Code City State Transaction ID: C9651498 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 129.32 С federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Špecial 5517.29 SUBTOTAL of Receipts This Page (optional).....

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	FO	R LINE	NU	MBER	:	PAGE	: 2	20 OF	;	87
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
c, . a.g.		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) Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 03 80 2014 City State Zip Code Transaction ID: C9651495 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing C 781.72 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Special Full Name (Last, First, Middle Initial) B. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 135 S. Monroe Street 03 80 2014 City State Zip Code Transaction ID: C9651496 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 260.57 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify)
Special 34083.14 Full Name (Last, First, Middle Initial) c. Florida AFL-CIO Date of Receipt Mailing Address c/o Mike Williams 09 03 2014 135 S. Monroe Street City State Zip Code Transaction ID: C9651499 FL Tallahassee 32301 Amount of Each Receipt this Period FEC ID number of contributing 1017.97 С federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 34083.14 Špecial 2060.26 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 21 OF 87

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
		ny person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Workers' Voice		
Full Name (Last, First, Middle Initial) A. Florida AFL-CIO		Date of Receipt
Mailing Address c/o Mike Williams		M = M / D = D / Y = Y = Y = Y
135 S. Monroe Street	State Zip Code	03 09 2014 Transaction ID : C9651500
Tallahassee	FL 32301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	339.32
Name of Employer	Occupation	
Receipt For: 2014 Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) 3. Florida AFL-CIO		Date of Receipt
Mailing Address c/o Mike Williams 135 S. Monroe Street		03 10 / Y = Y = Y = Y
City Tallahassee	State Zip Code FL 32301	Transaction ID : C9651501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1574.85
Name of Employer	Occupation	
Receipt For: 2014	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ Special	34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) C. Florida AFL-CIO		Date of Receipt
Mailing Address c/o Mike Williams 135 S. Monroe Street		03 10 2014
City	State Zip Code	Transaction ID : C9651502
Tallahassee	FL 32301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	524.95
Name of Employer	Occupation	
Receipt For: 2014 Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
SUBTOTAL of Receipts This Page (optional)		> 2439.12
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 22 OF 87 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pee name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Workers' Voice		
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City Tallahassee	State Zip Code FL 32301	Date of Receipt 03 11 2014 Transaction ID : C9651503
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period 1276.72
Receipt For: 2014 Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street City	State Zip Code	Date of Receipt 03 11 2014 Transaction ID : C9651504
Tallahassee FEC ID number of contributing federal political committee. Name of Employer	FL 32301 C Occupation	Amount of Each Receipt this Period 395.57
Receipt For: 2014 Primary General Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	* In-Kind: In-Kind Contribution
Full Name (Last, First, Middle Initial) Florida AFL-CIO Mailing Address c/o Mike Williams 135 S. Monroe Street		Date of Receipt 03 20 2014
City Tallahassee	State Zip Code FL 32301	Transaction ID : C9651724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	6630.01
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 34083.14	
SUBTOTAL of Receipts This Page (optional)		8302.30
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	MBER	:	PAGE	: 2	23 OF	:	87
Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page	X	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) West Central Florida Federation of Labor Date of Receipt Mailing Address P.O. Box 76108 2014 27 City State Zip Code Transaction ID: C9651436 FL Tampa 33675-1108 Amount of Each Receipt this Period FEC ID number of contributing C 1050.00 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution Other (specify) 4200.00 Special Full Name (Last, First, Middle Initial) B. West Central Florida Federation of Labor Date of Receipt Mailing Address P. O. Box 76108 03 20 2014 City State Zip Code Transaction ID: C9651437 FL Tampa 33675-1108 Amount of Each Receipt this Period FEC ID number of contributing 3150.00 federal political committee. Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General * In-Kind: In-Kind Contribution 4200.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4200.00 SUBTOTAL of Receipts This Page (optional)..... 38283.14

SCHEDULE A (FEC Form 3X) TEMIZED 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 X 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Workers' Voice			
Full Name (Last, First, Middle Initial) International Alliance of Theatrical St Mailing Address 1430 Broadway 20th Floor	age Employ	vees Federal Speech PAC	Date of Receipt
City New York	State NY	Zip Code 10018	Transaction ID : C9552006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0528455	25000.00
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 25000.00	
Full Name (Last, First, Middle Initial) 1. International Union of Painters and Allied T	rades Politica	I Action Together Political Com	m Date of Receipt
Mailing Address 1750 New York Avenue, NW			02 26 2014
City Washington	State DC	Zip Code 20006	Transaction ID : C9651440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0000885	34.29
Name of Employer	Occupation		
Receipt For: 2014 Primary General Other (specify) Special	Aggregate	Year-to-Date ▼ 437.29	* In-Kind: In Kind Contribution
Full Name (Last, First, Middle Initial) International Union of Painters and Allied Tra	ades Political /	Action Together Political Comm	Date of Receipt
Mailing Address 1750 New York Avenue, NW	Ctata	7:- 0-1-	02 26 2014
City Washington	State DC	Zip Code 20006	Transaction ID : C9651441 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Co	0000885	11.42
Name of Employer	Occupation		
Receipt For: 2014 Primary General Other (specify) Special	Aggregate	Year-to-Date ▼ 437.29	* In-Kind: In Kind Contribution
SUBTOTAL of Receipts This Page (optional)			25045.71

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	_	R LINE	_		: PAC	GE 25	OF	87
ΙŤ	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	X 11c	12 16		17
	y information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Workers' Voice										
Α.	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Trade	es Political A	ction Together Political Comm		Date o	f Rec	ceipt				
	Mailing Address 1750 New York Avenue, NW				02	/	26		2014		
	City Washington	State DC	Zip Code 20006					: C9651 4	142 this Perio	vd.	
	FEC ID number of contributing federal political committee.	C co	0000885		Amoun	t or t	acii	neceipt		22.27	
	Name of Employer	Occupation	1								
	Receipt For: 2014 Primary General	Aggregate	Year-to-Date ▼	*	In-Kind	l: In K	Kind C	ontributio	on		
	Other (specify) Special		437.29								
В.	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Tra	des Politica	I Action Together Political Comm	n	Date of	f Rec	ceipt				
	Mailing Address 1750 New York Avenue, NW			02	/	26		_2014	- Y		
	City	State	Transaction ID : C9651443								
	Washington	DC	20006	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.		0000885	40.76						Ш	
	Name of Employer	Occupation									
	Receipt For: 2014	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼ Special		437.29	*	In-Kind	: In K	(ind C	ontributio	on		
<u> </u>	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Trad	es Political /	Action Together Political Comm		Date of	f Rec	ceipt				
	Mailing Address 1750 New York Avenue, NW				м = м 03	1	03		2014	Y	
	City Washington	State DC	Zip Code 20006					: C96514			
	FEC ID number of contributing federal political committee.		0000885		Amoun	t of E	≘ach	Receipt t	this Perio	id 34.29	
	Name of Employer	Occupation	1								
	Receipt For: 2014 Primary General Other (specify) Special	Aggregate	Year-to-Date ▼ 437.29	*	In-Kind	d: In k	Kind C	contribution	on		
s	UBTOTAL of Receipts This Page (optional)						,		19	7.32	
7	OTAL This Period (last page this line number o	nly)		- •				1 1			Ī

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 OF 87						
	·		Use separate schedule(s)	(check only one)						
Ш	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12						
			Detailed Summary Fage	13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
$ \rangle$	Workers' Voice									
Α.	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Trade	s Political A	ction Together Political Comm	Date of Receipt						
	Mailing Address 1750 New York Avenue, NW			03 03 2014						
	City	State	Zip Code	Transaction ID : C9651445						
	Washington	DC	20006	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C C0	0000885	11.42						
	Name of Employer	Occupation								
	Receipt For: 2014 Primary General	Aggregate	Year-to-Date ▼	* In-Kind: In Kind Contribution						
	Other (specify) Special		437.29							
В.	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Tra-	des Politica	I Action Together Political Comn	Date of Receipt						
	Mailing Address 1750 New York Avenue, NW			03 04 _ 2014 _						
	City	State	Zip Code	Transaction ID : C9651446						
	Washington	DC	20006	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C cod	0000885	34.29						
	Name of Employer	Occupation								
	Receipt For: 2014	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) Special	Aggregate	437.29	* In-Kind: In Kind Contribution						
<u> </u>	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Trade	es Political A	Action Together Political Comm	D. (D.)						
C.	Mailing Address 1750 New York Avenue, NW	C3 i Oillicai i	Action Together Folitical Commi	Date of Receipt						
	Other	01-1-	7'- 0-1-	03 04 2014						
	City Washington	State DC	Zip Code 20006	Transaction ID : C9651447 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0000885	11.42						
	Name of Employer	Occupation								
	Receipt For: 2014	Aggregate	Year-to-Date ▼							
	Primary General Other (specify)		437.29	* In-Kind: In Kind Contribution						
s	UBTOTAL of Receipts This Page (optional)			57.13						
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	_	R LINE			: PAG	GE 27	OF	87
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		1b 4	X 11c	12 16	_	17
	ny information copied from such Reports and Stat for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full) Workers' Voice										
Α.	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Trades Mailing Address 1750 New York Avenue, NW	Political A	ction Together Political Comm		Date of	_					
					03]	05		2014		
	City Washington	State DC	Zip Code 20006					: C96514			
	FEC ID number of contributing federal political committee.		0000885		Amoun	t of E	ach	Receipt 1	-	od 34.29)
	Name of Employer	Occupation									
	Primary General	Aggregate	Year-to-Date ▼	*	In-Kind	l: In Ki	ind C	ontributio	on		
_	Other (specify) Special		437.29	1							
В.	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Trad	es Politica	I Action Together Political Comr	n	Date of	f Rece	eipt				
	Mailing Address 1750 New York Avenue, NW			03 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20006		Transaction ID : C9651449						
			0000885		Amount of Each Receipt this Period 11.42						
	Name of Employer	Occupation									
	Receipt For: 2014 Primary General Other (specify) Special	Aggregate	Year-to-Date ▼ 437.29	 	In-Kind	: In Ki	nd C	ontributio	on		
_	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Trade	s Political A	Action Together Political Comm		Data at	4 Daar	-:				
C.	Mailing Address 1750 New York Avenue, NW				Date of 03		9ipt		_ 2014	/ = Y	1
	City Washington	State DC	Zip Code 20006					: C9651 4 Receipt	428	od	_
	FEC ID number of contributing federal political committee.	C co	0000885			,				11.42	2
	Name of Employer	Occupation									
	Receipt For: 2014 Primary General Other (specify) Special	Aggregate	Year-to-Date ▼ 437.29	1 *	In-Kinc	l: In Ki	ind C	Contributi	on		
5	UBTOTAL of Receipts This Page (optional)			<u> </u>			-			57.13	
	OTAL This Period (last page this line number on	ly)		-				1 (1)			ī

SCHEDULE A (FEC Form 3X	()	Lico conorato cobodula(a)	FOR LINE NUMBER: PAGE 28 OF 87			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
		Detailed Summary Page	11a 11b X 11c 12			
			13 14 15 16 17			
any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Workers' Voice						
Full Name (Last, First, Middle Initial) A. International Union of Painters and Allied T	rades Political A	Action Together Political Comm	Date of Receipt			
Mailing Address 1750 New York Avenue, N	W		03 06 2014			
City	State	Zip Code	Transaction ID : C9651450			
Washington	DC	20006	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C co	0000885	34.29			
Name of Employer	Occupation	1				
Receipt For: 2014 Primary General	Aggregate	Year-to-Date ▼				
Primary General ✓ Other (specify) ▼		437.29	* In-Kind: In Kind Contribution			
Special		7	1			
Full Name (Last, First, Middle Initial) B. International Union of Painters and Allied	Trades Politica	al Action Together Political Com	m Date of Receipt			
Mailing Address 1750 New York Avenue, N	03 10 _2014 _					
City	State	Zip Code	Transaction ID : C9651438			
Washington	DC	20006	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C000000E					
Name of Employer	Occupation	1				
Receipt For: 2014	Aggregate	Year-to-Date ▼				
Primary General Other (specify) Special		, 437.29	* In-Kind: In Kind Contribution			
Full Name (Last, First, Middle Initial) C. International Union of Painters and Allied	Trades Political	Action Together Political Comm	Date of Receipt			
Mailing Address 1750 New York Avenue, N	IW		03 10 _ 2014 _			
City	State	Zip Code	Transaction ID : C9651439			
Washington	DC	20006	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C000000E					
Name of Employer	Occupation	1				
Receipt For: 2014	Aggregate	Year-to-Date ▼				
Primary General Other (specify) Special		437.29	* In-Kind: In Kind Contribution			
SUBTOTAL of Receipts This Page (optional)			80.00			
TOTAL This Period (last page this line numb			25437.29			

SCHEDULE B (FEC Form 3X)		FOR LINE		PAGE 29 OF 87
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Annuinformation coming from such Departs and Chate				
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Workers' Voice				
/				
Full Name (Last, First, Middle Initial)			Data of Diahuwaan	
A. ACTBLUE			Date of Disbursem	
Mailing Address P.O. BOX 382110			01 07	2014
City	State Zip Code		Transaction ID:	D515416
Cambridge Purpose of Disbursement	MA 02238-2110			
Online Fundraising Transaction Fees		003	Amount of Each D	isbursement this Period
Candidate Name		Category/		
		Type		0.40
	ement For:			
Senate	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
3. ACTBLUE			Date of Disbursem	ent
			M = M / D = D	/ Y = Y = Y = Y
Mailing Address P.O. BOX 382110			01 08	2014
City	State Zip Code			
Cambridge	MA 02238-2110		Transaction ID :	D515505
Purpose of Disbursement				
Online Fundraising Transaction Fees		003	Amount of Each D	isbursement this Period
Candidate Name		Category/		1.87
Office Sought: House Disburse	ement For:	Type		
Senate	Primary General			
President	Other (specify) ▼			
State: District:	-			
Full Name (Last, First, Middle Initial)			Data of Disharasa	
C. ACTBLUE			Date of Disbursem	
Mailing Address P.O. BOX 382110			01 13	2014
City	State Zip Code		Transaction ID :	D517587
Cambridge Purpose of Disbursement	MA 02238-2110			
Online Fundraising Transaction Fees		003	Amount of Each D	isbursement this Period
Candidate Name		Category/	7 modili or Edon B	
		Type		0.40
	ement For:			
Senate President	Primary General Other (specify)			
State: District:	Carlot (opcolly)			
**				
SUBTOTAL of Disbursements This Page (optional).				2.67
·				
TOTAL This Period (last page this line number only	/)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	•	OF 87					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	7 one) 22 23 24 25 28a 28b 28c 29	3					
Any information copied from such Reports and St or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Workers' Voice	maine and address of any point	icai committee to	Solicit contributions from Such committee						
Full Name (Last, First, Middle Initial) A. ACTBLUE			Date of Disbursement	V					
Mailing Address P.O. BOX 382110			02 10 2014						
City Cambridge	State Zip Code MA 02238-2110		Transaction ID : D519874						
Purpose of Disbursement Online Fundraising Transaction Fees		003	Amount of Each Disbursement this I	Period					
Candidate Name		Category/ Type	0	0.60					
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) B. ACTBLUE Mailing Address P.O. BOX 382110			Date of Disbursement 03 12 2014	Y					
	7. 0. 1.		03 12 2014	_					
City Cambridge	State Zip Code MA 02238-2110		Transaction ID : D521752						
Purpose of Disbursement Online Fundraising Transaction Fees		003	Amount of Each Disbursement this I	Period					
Candidate Name		Category/ Type	C	0.60					
Office Sought: House Senate President State: Disbu	rsement For: Primary General Other (specify)								
Full Name (Last, First, Middle Initial) C. AFL-CIO			Date of Disbursement						
Mailing Address 815 - 16th Street, NW			03 19 2014	Y					
City Washington	State Zip Code DC 20006		Transaction ID : D520804						
Purpose of Disbursement Reimbursement for Internet Costs Candidate Name		001 Category/	Amount of Each Disbursement this I	Amount of Each Disbursement this Period					
05	Т								
Office Sought: House Senate President State: Disbu	rsement For: Primary General Other (specify)								
	al)		94	.11					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only Z1b 27	22 23 24 2	25 <u>2</u> 29 3						
Any information copied from such Reports and Stat or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full) Workers' Voice	and address of any politic	cai committee to	SOURCE CONTRIBUTIONS HOTEL SUCTI COM	пписс.						
Full Name (Last, First, Middle Initial)			Date of Disbursement							
A. AFL-CIO	AFL-CIU									
Mailing Address 815 - 16th Street, NW			03 21 2014 Transaction ID : D521210							
City	State Zip Code									
Washington Purpose of Disbursement	DC 20006									
Reimburse Network Fees		001	Amount of Each Disbursement th	his Period						
Candidate Name		Category/		750.00						
		Type		1750.00						
Senate President	ement For: Primary General Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)			Date of Distriction							
B. AFL-CIO			Date of Disbursement							
Mailing Address 815 - 16th Street, NW			03 21 2014							
City	State Zip Code		Transaction ID : D521219							
Washington Purpose of Disbursement	DC 20006									
Reimbursement for Internet Costs		001	Amount of Each Disbursement th	his Period						
Candidate Name		Category/ Type		132.25						
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial) C. AFL-CIO			Date of Disbursement							
Mailing Address 815 - 16th Street, NW		03 21 201								
City Washington	State Zip Code DC 20006		Transaction ID: D519530							
Purpose of Disbursement Reimburse Staff Related Costs		001								
Candidate Name		Category/ Type		sbursement this Period 21159.76						
Office Sought: Senate President State: Disburs	ement For: Primary General Other (specify) ▼	7,7								
SUBTOTAL of Disbursements This Page (optional)		·····	23	3042.01						
TOTAL This Period (last page this line number onl	y)									

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I (check only 21b								
	Detailed Summary Page	27	28a 28b 28c 29 30b							
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or use name and address of any political	d by any perso Il committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Workers' Voice										
Full Name (Last, First, Middle Initial) A. AFL-CIO			Date of Disbursement							
Mailing Address 815 - 16th Street, NW			01 17 2014							
City Washington	State Zip Code DC 20006		Transaction ID : D517451							
Purpose of Disbursement Reimburse Network Fees		001	Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	1750.00							
Senate President	rsement For: Primary General Other (specify)									
State: District: Full Name (Last, First, Middle Initial)										
B. AFL-CIO			Date of Disbursement							
Mailing Address 815 - 16th Street, NW			02 07 2014							
City Washington Purpose of Disbursement	State Zip Code DC 20006		Transaction ID : D518487							
Reimbursement for Internet Costs		001	Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	221.26							
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial) C. AFL-CIO			Date of Disbursement							
Mailing Address 815 - 16th Street, NW			02 07 2014							
City Washington	State Zip Code DC 20006		Transaction ID : D518491							
Purpose of Disbursement Reimburse Staff Related Costs Candidate Name		001	Amount of Each Disbursement this Period							
		Category/ Type	22462.88							
Senate President	rsement For: Primary General Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (options	al)	<u> </u>	24434.14							
TOTAL This Period (last page this line number of	only)									

ITEMIZED DISBURSEMENTS		for each	arate schedule(s) category of the	FOR LINE (check only 21b	-	PAGE 33 OF 87					
		Summary Page	27	28a 28b	28c 29 30b						
Any information copied from s or for commercial purposes, o	uch Reports and Staten ther than using the nam	nents may r ne and addr	not be sold or us ess of any politic	ed by any perso cal committee to	on for the purpose of solicit contributions	f soliciting contributions from such committee.					
NAME OF COMMITTEE (In Workers' Voice	ŕ										
Full Name (Last, First, Mide A. AFL-CIO	dle Initial)				Date of Disburser	ment					
Mailing Address 815 - 16th	Street, NW				02 07 2014						
City	Ş	State	Zip Code		Transaction ID :	D518928					
Washington Purpose of Disbursement		DC	20006		Transaction iD .	2010020					
Reimbursement for Interne	t Costs			001	Amount of Each [Disbursement this Period					
Candidate Name				Category/ Type		229.23					
		nent For: Primary Other (spec	General cify) ▼	туре							
State: District: Full Name (Last, First, Mide	de Initial)										
B. AFL-CIO	aio iriitai)				Date of Disburser	_					
Mailing Address 815 - 16th	Street, NW				02 07						
City Washington Purpose of Disbursement		State Zip Code DC 20006			Transaction ID : D518929						
Reimbursement for Interne	t Costs			001	Amount of Each [Disbursement this Period					
Candidate Name				Category/ Type		221.71					
Office Sought: Hou Ser Pre State: District:	ate	nent For: Primary Other (spec	General cify) ▼								
Full Name (Last, First, Mide C. AFL-CIO	dle Initial)				Date of Disburser						
Mailing Address 815 - 16th	Street, NW				02 07						
City Washington		State DC	Zip Code 20006		Transaction ID	: D518930					
Purpose of Disbursement Reimbursement for Interne	t Costs	001			A	Diahama amazant dhia Dari d					
Candidate Name				Category/ Type	Amount of Each [Disbursement this Period 225.42					
Office Sought: Hou Ser Pre State: District:		nent For: Primary Other (spec	General Cify) ▼	71							
District.											
SUBTOTAL of Disbursements					7	676.36					
TOTAL This Period (last page	e this line number only)										

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 34 OF 87					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	_					
	Detailed Summary Page	X 21b	22 23	24 25 26					
	, ,	27	28a 28b	28c 29 30b					
Any information copied from such Reports and Staten									
or for commercial purposes, other than using the name	ne and address of any political	al committee to	solicit contributions fr	om such committee.					
NAME OF COMMITTEE (In Full)									
/ Workers' Voice									
Full Name (Last, First, Middle Initial)									
_			Date of Disburseme	ant					
A. American Bridge 21st Century									
Mailing Address 455 Massachusetts Avenue, NW			01 24	2014					
6th Floor			4.						
	State Zip Code								
Washington	DC 20001		Transaction ID : I	D518467					
Purpose of Disbursement									
Research Services		001	Amount of Each Di	sbursement this Period					
Candidate Name		Category/		100000.00					
		Type		10000.00					
Office Sought: House Disburser									
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)			Date of Disburseme						
Horacio Arroyo	· Horacio Arroyo								
Mailing Address 19970 M. H. J. O. J. A. J.			M M / D D	2014					
Mailing Address 12070 Woodbridge Street, Apt 8			01 16	2014					
City	State Zip Code								
Los Angeles	CA 91640		Transaction ID : I	D514415					
Purpose of Disbursement									
Non Federal Flier Printing		001	Amount of Each Disbursement this Period						
Candidate Name		Category/	202.40						
		Туре		382.18					
Office Sought: House Disbursen	nent For:								
Senate	Primary General								
	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
Colleen O'Neill			Date of Disburseme	ent					
MA W. All STATE OF THE STATE OF			M M / D D	/ Y Y Y Y Y					
Mailing Address 283 College Manor Drive			02 07	2014					
City	State Zip Code								
	MD 21012		Transaction ID : I	D518608					
Purpose of Disbursement									
Proofing Svs		004	Amount of Each Di	sbursement this Period					
Candidate Name		Category/		1 1 1 1 1 1 1					
		Type		25.00					
Office Sought: House Disburser	nent For:								
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
				400407.40					
SUBTOTAL of Disbursements This Page (optional)		······		100407.18					
TOTAL This Davied (last ages this line ages)									
TOTAL This Period (last page this line number only)			1 46 1						

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 35 OF 87							
ITEMIZED DISBURSEMENTS	MIZED DISBURSEMENTS Use separate schedule for each category of the		one)								
	Detailed Summary Page	21b	22 23 28b	24 25 26 28c 29 30b							
Any information copied from such Reports and Statem or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)											
Workers' Voice											
Full Name (Last, First, Middle Initial)			D . (D)								
A. Colleen O'Neill			Date of Disbursement								
Mailing Address 283 College Manor Drive			02 28 2014								
City	State Zip Code		Transaction ID . I	2500274							
Arnold	MD 21012		Transaction ID : I	J52U374							
Purpose of Disbursement Proofing Svs		004	Amount of Each Di	sbursement this Period							
Candidate Name		Category/ Type		35.72							
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)											
B. Colleen O'Neill			Date of Disburseme	ent							
Mailing Address 283 College Manor Drive			02 28	2014							
City	State Zip Code		Transaction ID : D520375								
Arnold	MD 21012		Transaction ib . I	5320373							
Purpose of Disbursement Proofing Svs		004	Amount of Each Di	sbursement this Period							
Candidate Name		Category/ Type		17.84							
Office Sought: House Disbursen	nent For:										
	Primary General										
President State: District:	Other (specify) ▼										
Full Name (Last, First, Middle Initial)											
c. DC Treasurer			Date of Disburseme	ent							
Mailing Address Office of Tax & Revenue PO Box 679			03 / 14	2014							
	State Zip Code		Tropposition ID	DE24007							
Washington	DC 20044-0679		Transaction ID: I	J32198 <i>1</i>							
Purpose of Disbursement D-20 2013 Taxes		'ani'									
Candidate Name		001	Amount of Each Di	sbursement this Period							
Candidate Name		Category/ Type		250.00							
Office Sought: House Disbursen											
	Primary General										
State: District:	Other (specify) ▼										
State. DISTRICT.											
SUBTOTAL of Disbursements This Page (optional)		·····•		303.56							
TOTAL This Period (last page this line number only)											

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SCHEDULE B (FEC Form 3X)		Has assessed and the Co			FOR LINE NUMBER:						PAGE 36 OF 87					
ITEMIZED DISBURSEMENTS			arate schedule(s) category of the) ((check											
			Summary Page		×		22		23		24 28c	25		26		
_						27	28a		28b	<u> </u>		29		30b		
	ly information copied from such Reports and Statem for commercial purposes, other than using the name															
	NAME OF COMMITTEE (In Full)															
$ \rangle$	Workers' Voice															
_	Full Name (Last, First, Middle Initial)															
Α.	Department of the Treasury						Date of		sburse			YY	■ Y			
	Mailing Address Internal Revenue Service Center							03 14 2014								
	City	State	Zip Code				T	4	: ID		E04000					
	Ogden	UT	84201-0027				Transaction ID : D521988									
	Purpose of Disbursement 1120 POL Tax Due				001		Amoui	nt of	Each	Dis	bursen	nent this	Pe	riod		
	Candidate Name				ategor	y/						34	15.0	0		
	Office Sought: House Disbursen	ant Fari			Type			-	7		7					
		Primary	General													
		Other (spe	cify) ▼													
_	State: District:															
В.	Full Name (Last, First, Middle Initial)						Date of	of Di	ehurea	ma	nt					
٥.	Lexicon						M - N			D		YY	V			
	Mailing Address 10300 Farnham Drive						02			8	/	2014				
		State	Zip Code				Transaction I				51940	2				
	Bethesda Purpose of Disbursement	MD	20814													
	Graphic Layout Design Svs				004		Amoui	nt of	Each	Dis	bursen	nent this	Pe	riod		
	Candidate Name				itegor Type	y/							20.0	0		
	Office Sought: House Disbursen	nent For:			турс				,		7					
	Senate	Primary General														
	President	Other (spe	cify) 🔻													
_	State: District:															
_	Full Name (Last, First, Middle Initial)						_									
C.	Lexicon						Date of	of Di	sburse	eme						
	Mailing Address 10300 Farnham Drive						02 18 2014									
	City	State	Zip Code													
	Bethesda MD 20814						Tran	sact	ion ID) : D	51940	3				
	Purpose of Disbursement Graphic Layout Design Svs															
	Candidate Name	004 Category/			y/	Amount of Each Disburse						Pe 80.0				
	Office Sought: House Disbursen	ant Farr			Type			_	7	-	7		-			
		Primary	General													
		Other (spe														
	State: District:	23i (opo	3/ ▼													
	I						_	-	-					_		
s	UBTOTAL of Disbursements This Page (optional)					•			.0			42	5.00)		
H														-		
Т	OTAL This Period (last page this line number only)					•			,		- 7		-			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 37 OF 87
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Workers' Voice	ie anu auuress or any politic	ai committee to	SOURCE CONTRIBUTIONS	TOTH SUCH COMMITMEE.
Full Name (Last, First, Middle Initial)				
A. NGP VAN, INC.			Date of Disburse	
Mailing Address 1225 Eye Street, NW Suite 1225			02 29	
City S Washington	State Zip Code DC 20005		Transaction ID	: D519529
Purpose of Disbursement	20000			
Qtrly Reporting System State Registrations		001	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		1300.00
President	nent For: Primary General Other (specify)	1,500		
State: District:				
Full Name (Last, First, Middle Initial) B. NGP VAN, INC.			Date of Disburse	
Mailing Address 1225 Eye Street, NW Suite 1225			02 0	
City S Washington	State Zip Code DC 20005		Transaction ID	: D518916
Purpose of Disbursement Qtrly Reporting System Registration		001	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		300.00
	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C. PayPal			Date of Disburse	
Mailing Address 4100 Solutions Center, #774100			03 / 14	
Chicago	State Zip Code IL 60677-4001		Transaction ID	: D523667
Purpose of Disbursement Online Fundraising Transaction Fees		003	A	Dishamon and this Deviced
Candidate Name		Category/ Type	Amount of Each	Disbursement this Period 3.20
	nent For: Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				1603.20

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 38 OF 87
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the) (check only one)	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State	I ments may not be sold or use		
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Workers' Voice			
Full Name (Last, First, Middle Initial)			
A. Printmeisters of Orlando, Inc.			Date of Disbursement
Mailing Address 10732 William Tell Drive			01 16 2014
City	State Zip Code		Transaction ID : D513664
Orlando	FL 32821		Transaction ib . D313004
Purpose of Disbursement Non Federal Flier Printing		004	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	702.90
Office Sought: House Disburse	ment For:	.75~	7
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			D (D) .
3. The McLaughlin Company			Date of Disbursement
Mailing Address 2040 October 181 1 0 11 201			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9210 Corporate Blvd., Suite 250			02 25 2014
,	State Zip Code		Transaction ID : D519672
Rockville Purpose of Disbursement	MD 20850		
Insurance Deductible		001	Amount of Each Disbursement this Period
Candidate Name			2. 2311 Biodardinon this 1 chou
		Category/ Type	500.00
Office Sought: House Disburse	ment For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Dishursomert
C. The McLaughlin Company			Date of Disbursement
Mailing Address 9210 Corporate Blvd., Suite 250			02 25 2014
ag / dai 555 5210 Corporate Divd., Cutte 250			2011
City	State Zip Code		Transaction ID : D519673
Rockville	MD 20850		1141154GUUH ID : D3190/3
Purpose of Disbursement Insurance Deductible		004	
Candidate Name		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Office Sought: House Disburse	ment For:	iype	
Senate	Primary General		
President	Other (specify) ▼		
State: District:	•		
SUBTOTAL of Disbursements This Page (optional)			1702.90
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)	, , , , , , , , , , , , , , , , , , , ,	FOR LINE NUMBER: PAGE 39		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	Te Collect Gilly Gile)		
	Detailed Summary Page	X 21b 27	22 23 28a 28k	24 25 26 28c 29 30b
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any politic	Jai Committee to	SOUCH CONTRIDUTION	no nom such committee.
Workers' Voice				
Full Name (Last, First, Middle Initial)	_		5	
A. Trister, Ross, Schadler & Gold, PLI	LC		Date of Disbur	
Mailing Address 1666 Connecticut Avenue, NW 5th	FI		03	19 2014
	State Zip Code		Transaction I	D · D520800
Washington Purpose of Disbursement	DC 20009		Transaction	D . D020000
Legal Services		001	Amount of Eac	h Disbursement this Period
Candidate Name		Category/		9030.78
Office Sought: House Disbursen	pent For	Туре		3000.70
Senate	Primary General Other (specify)			
State: District:	(-			
Full Name (Last, First, Middle Initial)				
В.			Date of Disbur	
Mailing Address			M = M / D	D / Y = Y = Y
City	State Zip Code			
Purpose of Disbursement				
Candidate Name			Amount of Eac	h Disbursement this Period
		Category/ Type		
Office Sought: House Disbursen				
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disburs	sement
Mailing Address			M M / D	D / Y Y Y Y
	7.01			
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/	Amount of Eac	h Disbursement this Period
Office Sought: House Disbursen	ant Fam	Туре		
Senate	Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				9030.78
				164704.04
TOTAL This Period (last page this line number only)				161721.91

SCHEDULE B (FEC Form 3X)				PAGE 40 OF 87
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)	
	Detailed Summary Page	21b 27	22 23 28a 28b	$ \begin{array}{c cccc} 24 & 25 & 26 \\ 28c & 29 & 30b \end{array} $
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Workers' Voice				
Full Name (Last, First, Middle Initial)			Date of Dishuraer	mont
A. AFL-CIO			Date of Disburser	
Mailing Address 815 - 16th Street, NW			01 16	
	State Zip Code		Transaction ID	D514754
Washington Purpose of Disbursement	DC 20006			
Immigration Activism Program		012	Amount of Each I	Disbursement this Period
Candidate Name		Category/		116660.14
Office Sought: House Disbursen	nent For:	Туре	7	
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. FAN SERVICES LLC			Date of Disburser	nent
B. EAN SERVICES, LLC			M M / D	
Mailing Address PO BOX 840173			01 16	
,	State Zip Code		Transaction ID	: D514405
Kansas City Purpose of Disbursement	MO 64184-0173			
Rental Vans Election Day 2013		001	Amount of Each I	Disbursement this Period
Candidate Name		Category/ Type		500.00
Office Sought: House Disbursem				
	Other (energity) —			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. EAN SERVICES, LLC			Date of Disburser	nent
			M = M / D =	D / Y Y Y Y Y
Mailing Address PO BOX 840173			01 17	2014
	State Zip Code		Transaction ID	: D518645
Kansas City Purpose of Disbursement	MO 64184-0173			
Rental Vans Election Day 2013		001	Amount of Each I	Disbursement this Period
Candidate Name		Category/ Type		500.00
Office Sought: House Disbursen	nent For:	Турс		
	Primary General			
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				117660.14
TOTAL This Period (last page this line number only)				

S	CHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 41 OF		87					
IT	EMIZED DISBURSEMENTS		te schedule(s) tegory of the	(check only		7.5			
			mmary Page	21b 27	22 28a	23 28b		25 29	26 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the name								
7	NAME OF COMMITTEE (In Full)		pontio		555.C 50.1III		230 0011		
	Workers' Voice								
Δ	Full Name (Last, First, Middle Initial)				Date of D	isbursemen	nt		
Λ.	Mosaic				M M	/ D D		Y	-
	Mailing Address 4801 Viewpoint Place				02	25	201	4	
	•		ip Code		Transac	tion ID : D5	519871		
	Cheverly Purpose of Disbursement	MD 2	20781						
	Virginia Non Federal Fliers			004	Amount o	f Each Disk	oursement t	his Pe	riod
	Candidate Name			Category/				112.5	60
	Office Sought: House Disburser	nent For:		Туре			7	-	
	Senate	Primary	General						
	President	Other (specify	(
_	State: District: Full Name (Last, First, Middle Initial)								
В.	•				Date of D	isbursemen	nt		
					M = M	/ D D	/ Y Y	Y	1
	Mailing Address 4801 Viewpoint Place				02	25	201	4	
	City S Cheverly		Zip Code 20781		Transac	tion ID : D	519873		
	Purpose of Disbursement	- NID 2	20701						
	Virginia Non Federal Fliers			004	Amount o	f Each Disk	oursement t	his Pe	riod
	Candidate Name			Category/ Type			40	180.0	Ю
	Office Sought: House Disbursen	nent For:		1,700					
		Primary	General						
	President State: District:	Other (specify) ▼						
_	Full Name (Last, First, Middle Initial)								
C.	The Pivot Group				Date of D	isbursemen	nt		
	Mailing Address 1720 I St NW				м м 02	07	201	4	1
	Ste 550				02	Ģ.	20.		
	,		Zip Code		Transac	tion ID : D5	518918		
	Purpose of Disbursement	DC 2	20006						
	Virginia Non Federal Direct Mail			004	Amount o	f Each Dist	oursement t	his Pe	riod
	Candidate Name			Category/				3287.1	9
	Office Sought: House Disburser	nent For: 201	4	Туре		7	7		
	Senate	Primary	General						
	President State: District:	Other (specify							
Г	State. DISTICT.		Special						_
١,	SUBTOTAL of Disbursements This Page (optional)						8	3579.69	9
H					-		400	2220.0	
1	'OTAL This Period (last page this line number only)			·····•		,	120	3239.83	J

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES			
	EMIZED INDEPENDENT EXPENDITURES			PAGE 42 OF 87 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER ▼
١	Workers' Voice		C	C00484287
С	heck if 24-hour report 48-hour report New repo	rt Amends repo	rt filed on	A / D = D / Y = Y = Y
	Full Name of Payee		Date of F	Public Distribution/Dissemination
	Mosaic		M 02	
	Mailing Address 4801 Viewpoint Place		Amount	
	City State	Zip Code		180.00
	Cheverly MD	20781		on ID: D519971 Disbursement or Obligation
	Purpose of Expenditure Fliers	Category/ Type 004	01	
	Name of Federal Candidate	X Support	Office Sought:	X House District: 13
	ALEX SINK	Oppose	President	Senate State: FL
	Calendar Year-To-Date	36422.29	Disbursement F	or: Primary General
	Per Election for Office Sought	00-122.23	X Othe	r (specify) -
	Full Name of Payee Florida AFL-CIO			Public Distribution/Dissemination
			02	
	Mailing Address c/o Mike Williams		Amount	
	135 S. Monroe Street City State	Zip Code		163.02
	Tallahassee FL	32301		on ID: D523169 Disbursement or Obligation
	Purpose of Expenditure In-Kind Staff	Category/ Type 004	02	M / D D / Y Y Y Y
	Name of Federal Candidate	X Support	Office Sought:	House District: 13
	ALEX SINK	Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement F	or: Primary General er (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures			343.02
				7 7 7
	(b) SUBTOTAL of Unitemized Independent Expenditures		•	7
	(c) TOTAL Independent Expenditures		•	7 7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Elizabeth H Shuler		M M / D	D / Y Y Y

[Electronically Filed]

04

Date

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	CHEDULE E (FEC FORM 3X) EMIZED INDEPENDENT EXPENDITURES			PAGE 43 OF 87 FOR LINE 24 OF FORM 3X
N.	AME OF COMMITTEE (In Full)		FE	
	Vorkers' Voice		C	C IDENTIFICATION NUMBER ▼ C00484287
Cl	neck if 24-hour report 48-hour report New report	ort Amends repo	t filed on	/ D = D / Y = Y = Y
	Full Name of Payee Florida AFL-CIO		Date of P	ublic Distribution/Dissemination
	Mailing Address c/o Mike Williams		Amount	
	135 S. Monroe Street			
	City State Tallahassee FL	Zip Code 32301	Transactio	163.02 n ID : D523182
		32301		sisbursement or Obligation
	Purpose of Expenditure In-Kind Staff	Category/ Type 004	02	06 / 2014
	Name of Federal Candidate	X Support	Office Sought:	X House District: 13
	ALEX SINK	Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For 2014	or: Primary General (specify) ▶
	Full Name of Payee Florida AFL-CIO		Date of P	Public Distribution/Dissemination
	Mailing Address c/o Mike Williams		Amount	
	135 S. Monroe Street			
	City State Tallahassee FL	Zip Code 32301	Transactio	163.02 on ID : D523183
		1	Date of D	Disbursement or Obligation
	Purpose of Expenditure In-Kind Staff	Category/ Type 004	02	
	Name of Federal Candidate	X Support	Office Sought:	X House District: 13
	ALEX SINK	Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For 2014 Other	or: Primary General r (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		-	326.04
	(b) SUBTOTAL of Unitemized Independent Expenditures		•	7
	(c) TOTAL Independent Expenditures		•	7 1 1 7 1 1 7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Elizabeth H Shuler [Electron	ically Filed] Date	M M / D	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

S

Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3X)	
TΕ	EMIZED INDEPENDENT EXPENDITURES	PAGE 44 OF 87 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vorkers' Voice	C C00484287
Ch	neck if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
	Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination
	Mailing Address c/o Mike Williams	02 08 2014
	135 S. Monroe Street	Amount
	City State Zip Code	163.02
	Tallahassee FL 32301	Transaction ID : D523184 Date of Disbursement or Obligation
	Purpose of Expenditure In-Kind Staff Category/ Type 004	02 08 / 2014
	Name of Federal Candidate Support Offi	ce Sought: X House District: 13
	ALEX SINK Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
	Florida AFL-CIO Mailing Address A Miles Millianse	02 09 7 2014
	c/o Mike Williams 135 S. Monroe Street	Amount
	City State Zip Code	163.02
	Tallahassee FL 32301	Transaction ID : D523185 Date of Disbursement or Obligation
	Purpose of Expenditure In-Kind Staff Category/ Type 004	02 / 09 / 2014
	Name of Federal Candidate Support Offi	ice Sought: X House District:13
	ALEX SINK Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For: Primary General Other (specify) Other
	(a) SUBTOTAL of Itemized Independent Expenditures	326.04
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 4
	(c) TOTAL Independent Expenditures.	
	Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	

[Electronically Filed]

04

Date

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S

Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 45 OF 87 FOR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vorkers' Voice		C C00484287
Ch	eck if 24-hour report 48-hour report New re	eport Amends rep	ort filed on M M / D D / Y Y Y Y Y
	Full Name of Payee Mosaic		Date of Public Distribution/Dissemination
	Mailing Address 4801 Viewpoint Place		02 15 2014 Amount
	City State	Zip Code	225.00
	Cheverly MD	20781	Transaction ID : D519970 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers	Category/ Type 004	02 10 2014
	Name of Federal Candidate	X Support	Office Sought: House District: 13
	ALEX SINK	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For:
	Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination
	Mailing Address c/o Mike Williams		02 10 2014 Amount
	135 S. Monroe Street	7: 0 !	402.02
	City State Tallahassee FL	Zip Code 32301	Transaction ID : D523186 Date of Disbursement or Obligation
	Purpose of Expenditure In-Kind Staff	Category/ Type 004	02 10 7 2014
	Name of Federal Candidate	Support	Office Sought:
	ALEX SINK	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For: Primary General 2014 ☐ Other (specify) ▶
	(a) CURTOTAL of Itemized Independent Evpanditures		200.00
	(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 expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		

[Electronically Filed]

04

Date

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TEMIZED INDEPENDENT EXPENDITURES	PAGE 46 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on	on M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Florida AFL-CIO	02 11 2014
Mailing Address c/o Mike Williams	Amount
135 S. Monroe Street	
City State Zip Code	163.02
	ransaction ID : D523189 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	02
Name of Federal Candidate Support Office S	Sought: X House District:13
ALEX SINK	President Senate State: FL
Calendar Year-To-Date Disburs	sement For:
	Date of Public Distribution/Dissemination
Florida AFL-CIO	Date of Public Distribution/Dissemination 02
Mailing Address c/o Mike Williams	
135 S. Monroe Street	Amount
City State Zip Code	163.02
1 - 3253	ransaction ID : D523187 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	02 / 12 / 2014
Name of Federal Candidate Support Office 9	Sought: X House District: 13
ALEX SINK	President Senate State: FL
36422.29	sement For: Primary General ✓ 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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, a party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature Date U4	10 2014

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PAGE	47	OF	87	
FOR L	NE 24	OF FO	ORM 3X	(
ENTIFI	CATIO	N NUM	BER ▼	

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	I on M M / D D / Y = Y = Y
Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination
Florida AF E-GIO	02 / 13 / 2014
Mailing Address c/o Mike Williams	Amount
135 S. Monroe Street	100.00
City State Zip Code Tallahassee FL 32301	163.02 Transaction ID : D523190 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	02 13 2014
Name of Federal Candidate Support Offic	e Sought: X House District: 13
ALEX SINK Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	ursement For: Primary General ✓ Other (specify) ►
Full Name of Payee Florida AFL-CIO Mailing Address c/o Mike Williams	Date of Public Distribution/Dissemination O2 14 2014 Amount
135 S. Monroe Street City State Zip Code	163.02
Tallahassee FL 32301	Transaction ID : D523191
Purpose of Expenditure In-Kind Staff Category/ Type 004	Date of Disbursement or Obligation 02 14 2014
Name of Federal Candidate Support Office	e Sought: X House District: 13
ALEX SINK Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	326.04
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Date	4 10 2014
Signature	

PAGE 48 OF 87 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00484287
M / D D / Y = Y = Y = Y
of Public Distribution/Dissemination
02 / 15 / 2014
nt
163.02
ction ID: D523192 of Disbursement or Obligation
1 = M / D = D / Y = Y = Y
02 15 2014
it: X House District: 13
ent Senate State: FL
t For: Primary General
ther (specify) ▶
of Public Distribution/Dissemination
of Public Distribution/Dissemination 02
of Public Distribution/Dissemination
of Public Distribution/Dissemination 02
of Public Distribution/Dissemination 02
of Public Distribution/Dissemination 102

NAME OF COMMITTEE (In Full) Workers' Voice Check if 48-hour report Amends report filed on 24-hour report New report Full Name of Payee Date Florida AFL-CIO Mailing Address c/o Mike Williams Amou 135 S. Monroe Street City State Zip Code Tallahassee FL 32301 Transa Date Purpose of Expenditure Category/ In-Kind Staff 004 Type Name of Federal Candidate X Support Office Sough ALEX SINK Oppose Preside Disbursemen Calendar Year-To-Date 2014 36422.29 Per Election for Office Sought Χo Full Name of Payee Date Florida AFL-CIO Mailing Address c/o Mike Williams Amou 135 S. Monroe Street Zip Code City State Tallahassee FL 32301 Transa Date Purpose of Expenditure Category/ 004 In-Kind Staff Type Name of Federal Candidate X Support Office Sough **ALEX SINK** Oppose Presid Disbursemen Calendar Year-To-Date 36422.29 2014 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (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] 04 10 2014 Date Signature

TEMIZED INDEPENDENT EXPENDITURES		PAGE 49 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report 48-hour report New report	ort Amends report	filed on
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination
		02 17 2014
Mailing Address c/o Mike Williams		Amount
135 S. Monroe Street City State 2	7:n Codo	163.02
1 ·	Zip Code 32301	Transaction ID : D523194 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff	Category/ Type 004	02 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: X House District: 13
ALEX SINK	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014
Full Name of Payee		Date of Public Distribution/Dissemination
Florida AFL-CIO		02 18 2014
Mailing Address c/o Mike Williams		Amount
135 S. Monroe Street		
	Zip Code 32301	163.02 Transaction ID : D523195
	32301	Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff	Category/ Type 004	02 / 18 / 2014
Name of Federal Candidate	Support (Office Sought: X House District: 13
ALEX SINK	Oppose	President Senate State: FL
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	36422.29	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		326.04
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		
(c) TOTAL independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		·
Ms. Elizabeth H Shuler [Electronic	cally Filed]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	04 10 2014

TEMIZED INDEPENDENT EXPENDITURES	PAGE 50 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Florida AFL-CIO	02 19 2014
Mailing Address c/o Mike Williams	Amount
135 S. Monroe Street	ATTOUTE
City State Zip Code	163.02
	ransaction ID: D520486 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	02 19 / 2014
Name of Federal Candidate Support Office S	Sought: X House District: 13
ALEX SINK	President Senate State: FL
36422.29	ement For: Primary General ✓ Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
Florida AFL-CIO	02
Mailing Address c/o Mike Williams	Amount
135 S. Monroe Street	Amount
City State Zip Code	277.30
1 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ransaction ID : D520487 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	02 20 / 2014
Name of Federal Candidate Support Office S	Sought: X House District: 13
ALEX SINK	President Senate State: FL
36/22 29 2014	rement For: Primary General 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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Data 04	/ D D / Y Y Y Y Y
Signature [Electronically Filed] Date 04	10 2014

TEMIZED INDEPENDENT EXPENDITURE	:0		PAGE 51 OF 87
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report 48-hour report	New r	report Amends repo	ort filed on
Full Name of Payee Florida AFL-CIO	<u>'</u>		Date of Public Distribution/Dissemination
Mailing Address c/o Mike Williams			02 21 2014 Amount
135 S. Monroe Street			Amount
City	State	Zip Code	277.30
Tallahassee	FL	32301	Transaction ID : D520488 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff		Category/ Type 004	02 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: X House District: 13
ALEX SINK		Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Florida AFL-CIO			Date of Public Distribution/Dissemination
Mailing Address c/o Mike Williams			
135 S. Monroe Street			Amount
City	State	Zip Code	637.30
Tallahassee	FL	32301	Transaction ID : D520489 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff		Category/ Type 004	02 22 2014
Name of Federal Candidate ALEX SINK		Support Oppose	Office Sought: House District: 13 President Senate State: FL
			Tresident Genate State.
Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 914.60
(b) SUBTOTAL of Unitemized Independent Exper	ıditures		>
(c) TOTAL Independent Expenditures			
	lidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler	[Electi	ronically Filed] Date	9 04 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

S

Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 52 OF 87 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vorkers' Voice		C C00484287
Ch	eck if 24-hour report 48-hour report New	report Amends repo	ort filed on
	Full Name of Payee Mosaic		Date of Public Distribution/Dissemination
	Mailing Address 4801 Viewpoint Place		02 22 2014 Amount
	City State	Zip Code	225.00
	Cheverly MD	20781	Transaction ID: D520532 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers	Category/ Type 004	02 22 7 2014
	Name of Federal Candidate	X Support	Office Sought: X House District: 13
	ALEX SINK	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination
	Mailing Addross		02 / 23 / 2014
	c/o Mike Williams 135 S. Monroe Street		Amount
	City State	Zip Code	277.30
	Tallahassee FL	32301	Transaction ID : D520636 Date of Disbursement or Obligation
	Purpose of Expenditure In-Kind Staff	Category/ Type 004	02 / 23 / 2014
	Name of Federal Candidate	X Support	Office Sought: X House District: 13
	ALEX SINK	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		> 502.30
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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PAGE 53 OF 87 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00484287
M
of Public Distribution/Dissemination
02 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
int
432.98
of Disbursement or Obligation
02 / 24 / 2014
nt: X House District: 13
ent Senate State: FL
nt For: Primary General
Other (specify)
of Public Distribution/Dissemination
02 / 24 / 2014
ınt
144.32
of Disbursement or Obligation
02 / 24 / 2014
nt: X House District: 13
ent Senate State: FL
nt For: Primary General
nt For: Primary General
nt For: Primary General Other (specify) ▶
nt For: Primary General Other (specify) ▶
Other (specify) S77.30
Other (specify) 577.30

NAME OF COMMITTEE (In Full) Workers' Voice Check if 48-hour report Amends report filed on 24-hour report New report Full Name of Payee Date Florida AFL-CIO Mailing Address c/o Mike Williams Amou 135 S. Monroe Street City State Zip Code Tallahassee FL 32301 Transa Date Purpose of Expenditure Category/ In-Kind Staff 004 Type Name of Federal Candidate X Support Office Sough ALEX SINK Oppose Preside Disbursemen Calendar Year-To-Date 2014 36422.29 Per Election for Office Sought Full Name of Payee Date Florida AFL-CIO Mailing Address c/o Mike Williams Amou 135 S. Monroe Street Zip Code City State Tallahassee FL 32301 Transa Date Purpose of Expenditure Category/ 004 In-Kind Staff Type Name of Federal Candidate Support Office Sough DAVID W. JOLLY Oppose Presid Disbursemer Calendar Year-To-Date 36422.29 2014 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (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] 04 10 2014 Date Signature

TEMIZED INDEPENDENT EXPENDITURES		PAGE 54 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report 48-hour report New re	eport Amends report	t filed on Man / Dab / Yayayay
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination
		02 25 7 2014
Mailing Address c/o Mike Williams		Amount
135 S. Monroe Street	·	277.20
City State Tallahassee FL	Zip Code 32301	277.30 Transaction ID : D520647
- ananassos		Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff	Category/ Type 004	02 / 25 / 2014
Name of Federal Candidate	X Support	Office Sought:
ALEX SINK	Oppose	President Senate State:FL
Calendar Year-To-Date		Disbursement For: Primary General 2014
Per Election for Office Sought	30422.20	Other (specify)
Full Name of Payee International Union of Painters and Allied Trades Political Action	 n Together Political Comr	Date of Public Distribution/Dissemination
		02 26 7 2014
Mailing Address 1750 New York Avenue, NW		Amount
City State	Zip Code	34.29
Washington DC	20006	Transaction ID : D520745 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/ Type 004	02 26 2014
Name of Federal Candidate	Support	Office Sought: X House District: 13
ALEX SINK	Oppose	President Senate State: FL
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	36422.29	2014
(a) SUBTOTAL of Itemized Independent Expenditures		311.59
A CONTRACTOR OF THE CONTRACTOR		
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		
		7 7 7
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	· · · · · · · · · · · · · · · · · · ·
Ms. Elizabeth H Shuler	onically Filed]	M M / D D / Y Y Y Y Y
Signature	Date Date	04 10 2014

FOR LINE OF FORM OV
FOR LINE 24 OF FORM 3X
DENTIFICATION NUMBER ▼

	TOTT LINE 24 OF TOTIM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	d on M M / D D / 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
Mailing Address 1750 New York Avenue, NW	02 26 2014 Amount
City. State 7in Code	11.42
City State Zip Code Washington DC 20006	Transaction ID : D520746 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Phone Banking Equipment Category/ Type 004	02 26 7 2014
Name of Federal Candidate Support Office	ce Sought: X House District: 13
DAVID W. JOLLY Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Dist. 2014	oursement For: Primary General W Other (specify) ▶
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm Mailing Address 1750 New York Avenue, NW	Date of Public Distribution/Dissemination O2 / 26 / Y Y Y Y Y Y Y Amount
City State Zip Code	122.27
Washington DC 20006	Transaction ID : D520749 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Phone Banking Equipment Shipping Category/ Type 004	02 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: X House District: 13
ALEX SINK Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	133.69
(b) 30BTOTAL of Officernized independent Experialities	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	04 10 2014
Signature	التتا لتا ال

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 56 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour rep	ort New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee International Union of Painters and Allied T	rades Political Action To	ogether Political Comm		Public Distribution/Dissemination 2 26 2014
Mailing Address 1750 New York Avenue, N	IW		Amount	2 20 2014
City	State	Zip Code		40.76
Washington	DC	20006		ion ID : D520750 Disbursement or Obligation
Purpose of Expenditure In-Kind Phone Banking Equipment Shipping		Category/ Type 004	0:	
Name of Federal Candidate		Support	Office Sought:	X House District:13
DAVID W. JOLLY		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement I 2014 X Oth	For: Primary General er (specify) ▶
Full Name of Payee	-		Date of	Public Distribution/Dissemination
Florida AFL-CIO				M / D D / Y Y Y Y Y Y 2014
Mailing Address c/o Mike Williams			Amount	
135 S. Monroe Street City	State	Zip Code		682.35
Tallahassee	FL	32301		ion ID : D520818 Disbursement or Obligation
Purpose of Expenditure In-Kind Staff		Category/ Type 004		2 26 2014
Name of Federal Candidate		Support	Office Sought:	House District:13
ALEX SINK		Oppose	Presiden	t Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement 2014 Oth	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		•	723.11
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •	4 1 4 1 4
(c) TOTAL Independent Expenditures			· [7 1 2 1 2 1 2 1
Under penalty of perjury I certify that the in	dependent expenditures	reported herein were	not made in coo	operation, 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]	Date	04 /	10	2014
Signature					

Workers' Voice

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

			AGE 5	7 OF 24 OF FOF	87 M 3Y
F	EC			TION NUMBI	_
	С		0484287		
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C)2 ^M	/	26	2014	
ınt	t				
				227.	45
			D520819 ement or		
C)2	/	26	2014	Y
nt:		X	House	District:	13
er	nt		Senate	State:	FL
nt	For:		Prima	ry Ge	neral
)th	ner (spec	cify) ▶		
٥f					
JI	Pul	blic I	Distributio	n/Dissemina	tion
VI	Pul	blic I	Distribution 27	on/Dissemina / 2014	ΥΥΥ
VI	D2		D D	/ Y Y	Υ
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un'	D2 t	ID:	27 D520918	, y y 2014 522.	
un (D2 t	ID:	27 D520918	y 2014 522.	98
un (tion Dis	ID:	D520918 element or 27	522.5 Obligation	98
ac of	ttion Dis	ID:	D520918 sement or 27	522.9 Cobligation	98 4
un (ttion Dis	ID:	D520918 sement or 27 House	522.state:	98
ac of nt:	tion Discourse	ID:	D520918 sement or 27 House Senate	522.s Cobligation District: State:	98 13 FL
ac of nt:	tion Discourse	ID:	D520918 Dement or P27 House Senate Prima	522.9 Cobligation District: State: Try Ge	98 4 13 FL
ac of nt:	tion Discourse	ID:	D520918 Dement or P27 House Senate Prima	522.s Cobligation District: State:	98 4 13 FL
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ac of nt:	tion Discourse	ID:	D520918 Dement or P27 House Senate Prima	522.9 Cobligation District: State: Try Ge	98 4 13 FL
ac of nt:	tion Discourse	ID:	D520918 sement or P27 House Senate Prima	522.9 Obligation District: State: Try Ge	98 13 FL

Check if 48-hour report Amends report filed on 24-hour report New report Full Name of Payee Date Florida AFL-CIO Mailing Address c/o Mike Williams Amou 135 S. Monroe Street City State Zip Code Tallahassee FL 32301 Transa Date Purpose of Expenditure Category/ In-Kind Staff 004 Type Name of Federal Candidate Support Office Sough DAVID W. JOLLY Oppose Preside Disbursemen Calendar Year-To-Date 36422.29 2014 Per Election for Office Sought Χo Full Name of Payee Date Florida AFL-CIO Mailing Address c/o Mike Williams Amou 135 S. Monroe Street City State Zip Code Tallahassee FL 32301 Transa Date Purpose of Expenditure Category/ 004 In-Kind Staff Type Name of Federal Candidate X Support Office Sough **ALEX SINK** Oppose Presid Disbursemer Calendar Year-To-Date 36422.29 2014 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (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] 04 10 2014 Date Signature

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 58 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report	t filed on
Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination
Mailing Address	02 27 2014
c/o Mike Williams 135 S. Monroe Street	Amount
City State Zip Code	174.32
Tallahassee FL 32301	Transaction ID : D520919 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	02 27 / 2014
Name of Federal Candidate Support	Office Sought: X House District: 13
DAVID W. JOLLY Oppose	President Senate State: FL
	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
West Central Florida Federation of Labor	02 27 2014
Mailing Address P. O. Box 76108	Amount
City State Zip Code	3150.00
Tampa FL 33675-1108	Transaction ID : D520921 Date of Disbursement or Obligation
Purpose of Expenditure In Kind Phone Banking Equipment Category/ Type 004	02 27 2014
Name of Federal Candidate Support	Office Sought: X House District: 13
ALEX SINK Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For:
(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 newth, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	M M / D D / Y Y Y

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Date

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	CHEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES		PAGE 59 OF 87
	ALE OF COMMITTEE (L. F. II)		FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) /orkers' Voice		FEC IDENTIFICATION NUMBER ▼
V V	UINEIS VOICE		C C00484287
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
	Full Name of Payee West Central Florida Federation of Labor		Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address P. O. Box 76108		Amount
ŀ	City State	Zip Code	1050.00
	Tampa FL	33675-1108	Transaction ID : D520932 Date of Disbursement or Obligation
	Purpose of Expenditure In Kind Phone Banking Equipment	Category/ Type 004	02 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate	Support	Office Sought: X House District: 13
	DAVID W. JOLLY	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For: Primary General 2014 ✓ Other (specify) ▶
	Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination 02
	Mailing Address 815 - 16th Street, NW		Amount
ŀ	City State	Zip Code	48.00
	Washington DC	20006	Transaction ID : D519973 Date of Disbursement or Obligation
	Purpose of Expenditure Reimburse Walk Product	Category/ Type 004	02 / 28 / 2014
ľ	Name of Federal Candidate	X Support	Office Sought: X House District: 13
	ALEX SINK	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For: Primary General 2014
((a) SUBTOTAL of Itemized Independent Expenditures		1098.00
((b) SUBTOTAL of Unitemized Independent Expenditures		•
((c) TOTAL Independent Expenditures		•
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Elizabeth H Shuler		M M / D D / Y Y Y

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Date

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 60 OF 87 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00484287
M
of Public Distribution/Dissemination
02 / 15 / 2014
int
59.56
of Disbursement or Obligation
02 28 2014
nt: X House District: 13
ent Senate State: FL
nt For: Primary General
Other (specify)
of Public Distribution/Dissemination
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of Public Distribution/Dissemination
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of Public Distribution/Dissemination 102
of Public Distribution/Dissemination 102
of Public Distribution/Dissemination M 02
of Public Distribution/Dissemination M M M

Workers' Voice 48-hour report Amends report filed on Check if 24-hour report New report Full Name of Payee Date **AFL-CIO** Mailing Address 815 - 16th Street, NW Amou City State Zip Code DC Washington 20006 Transa Date Purpose of Expenditure Category/ Reimburse Walk Product 004 Type Name of Federal Candidate X Support Office Sough ALEX SINK Oppose Preside Disbursemen Calendar Year-To-Date 2014 36422.29 Per Election for Office Sought Χo Full Name of Payee Date AFL-CIO Mailing Address 815 - 16th Street, NW Amou City State Zip Code DC 20006 Transa Washington Date Purpose of Expenditure Category/ 004 Reimburse Walk Product Type Name of Federal Candidate X Support Office Sough **ALEX SINK** Oppose Presid Disbursemer Calendar Year-To-Date 36422.29 2014 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (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] 04 10 2014 Date Signature

Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3X)					
Т	EMIZED INDEPENDENT EXPENDITURES				PAGE 61 FOR LINE	OF 87 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICAT	ON NUMBER ▼
١	Vorkers' Voice				C C00484287	
С	heck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D	/ Y = Y = Y = Y
	Full Name of Payee Florida AFL-CIO				f Public Distributio	n/Dissemination
	Mailing Address c/o Mike Williams			Amoun	02 28	2014
	135 S. Monroe Street			Amoun		
	City	State	Zip Code			277.30
	- analiacee	FL	32301		tion ID: D520967 f Disbursement or	Obligation
	Purpose of Expenditure In-Kind Staff		Category/ Type 004		02 / 28	2014
	Name of Federal Candidate		Support	Office Sought	: X House	District: 13
	ALEX SINK		Oppose	Preside	nt Senate	State:FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement 2014 Ott	For: Primai	ry General
	Full Name of Payee			Date o	f Public Distributio	n/Dissemination
	Mosaic			М	03 / 01	2014
	Mailing Address 4801 Viewpoint Place			Amour	nt	
	City	State	Zip Code			450.00
	Cheverly	MD	20781		ction ID : D520920 of Disbursement or	
	Purpose of Expenditure Fliers		Category/ Type 004		03 / 01	2014
	Name of Federal Candidate		Support	Office Sought	: X House	District: 13
	ALEX SINK		Oppose	Preside		State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement 2014 Ot	For: Prima	ry General
	(a) SUBTOTAL of Itemized Independent Expenditures.			•	7 7	727.30
	(b) SUBTOTAL of Unitemized Independent Expenditure	es				
	(c) TOTAL Independent Expenditures			•	7	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				

[Electronically Filed]

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Date

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Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3)				
T	EMIZED INDEPENDENT EXPENDENT	DITURES			PAGE 62 OF 87 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
٧	Vorkers' Voice				C C00484287
CI	neck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Florida AFL-CIO				f Public Distribution/Dissemination
	Mailing Address c/o Mike Williams				03 01 2014
	135 S. Monroe Street			Amoun	t
	City	State	Zip Code		432.98
	Tallahassee	FL	32301		tion ID: D520939 f Disbursement or Obligation
	Purpose of Expenditure In-Kind Staff		Category/ Type 004		03 01 2014
	Name of Federal Candidate		X Support	Office Sought:	: X House District: 13
	ALEX SINK		Oppose	Presider	nt Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement 2014 Oth	For: Primary General her (specify)
	Full Name of Payee			Date of	f Public Distribution/Dissemination
	Florida AFL-CIO				03 01 2014
	Mailing Address c/o Mike Williams			Amoun	ıt
	City 135 S. Monroe Street	State	Zip Code		144.32
	Tallahassee	FL	32301		ction ID: D520940 f Disbursement or Obligation
	Purpose of Expenditure In-Kind Staff		Category/ Type 004		03 01 7 2014
	Name of Federal Candidate		Support	Office Sought	: X House District:13
	DAVID W. JOLLY		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement 2014 Ott	For: Primary General her (specify)
	(a) SUBTOTAL of Itemized Independent	Expenditures		• •	577.30
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•	7 1 7 1 7 1
	(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			

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2014

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Date

TEMIZED INDEPENDENT EXPENDITURES	PAGE 63 (FOR LINE 24 O	OF 87 F FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION I	NUMBER ▼
Workers' Voice	C C00484287	
Check if 24-hour report 48-hour report New report Ame	nends report filed on	YYYY
Full Name of Payee	Date of Public Distribution/Diss	semination
Florida AFL-CIO	03 / D D / Y	2014
Mailing Address c/o Mike Williams	Amount	
135 S. Monroe Street		00
City State Zip Code	7	277.30
Tallahassee FL 32301	Transaction ID : D521129 Date of Disbursement or Oblig	ation
Purpose of Expenditure In-Kind Staff Category/ Type		2014
Name of Federal Candidate	Support Office Sought: X House Distr	rict:13
ALEY CINIZ		ate: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: Primary 2014	General
Per Election for Onice Sought	Other (specify) ▶	
Full Name of Payee International Union of Painters and Allied Trades Political Action Together Poli	Date of Public Distribution/Diss	semination 2014
Mailing Address 1750 New York Avenue, NW	Amount	2014
City State Zip Code		34.29
Washington DC 20006	Transaction ID : D521126 Date of Disbursement or Oblig	gation
Purpose of Expenditure In-Kind Phone Banking Equipment Category/ Type		2014
Name of Federal Candidate	Support Office Sought: X House Dist	rict:13
ALEV OINIK	•	ate: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: Primary 2014 Other (specify)	General
(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 her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed]	Date 04 10 2014	Y
Signature	Date 04 10 2014	_

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES					DA O.E. 64	OF 97
•	EMIZED INDEPENDENT EXPENDITORES					PAGE 64 FOR LINE 2	OF 87 4 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC	IDENTIFICATION	ON NUMBER ▼
١	Workers' Voice				C	C00484287	
С	heck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed or	n M M		Y II Y II Y
	Full Name of Payee	itiaal Aatiaa Te	a wath an Dalitical Caman		Date of Pub	lic Distribution/	Dissemination
	International Union of Painters and Allied Trades Poli	LICAL ACTION TO	ogether Political Comm	·	03	03	2014
	Mailing Address 1750 New York Avenue, NW			4	Amount		
	City	State	Zip Code				11.42
	Washington	DC	20006			ID: D521127 oursement or C	Obligation
	Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		03	03	2014
	Name of Federal Candidate		Support	Office S	Sought:	X House	District: 13
	DAVID W. JOLLY		Oppose	P	resident	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	2014	ement For:	Primary	General
	Full Name of Payee					olic Distribution/	Dissemination
	Florida AFL-CIO				M M M M 03	/ 03 /	2014
	Mailing Address c/o Mike Williams					03	2014
	135 S. Monroe Street				Amount		
	City	State	Zip Code				635.48
	Tallahassee	FL	32301	I		ÍD : D521131 bursement or C	Obligation
	Purpose of Expenditure In-Kind Staff		Category/ Type 004		03	03	2014
	Name of Federal Candidate		X Support	Office S	Sought:	X House	District: 13
	ALEX SINK		Oppose	F	President	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	2014 -	ement For:		General
	(a) SUBTOTAL of Itemized Independent Expenditures.			Г			646.90
	(b) SUBTOTAL of Unitemized Independent Expenditure	'es		·· • [
_	(c) TOTAL Independent Expenditures			··· · [7	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized					
	Ms. Elizabeth H Shuler			M	/ D=	D / Y Y	Y

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITU	JRES				PAGE 65	OF 87 4 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC		N NUMBER ▼
	Workers' Voice						N NOWIDER V
					C	C00484287	
С	heck if 24-hour report 48-hour repo	rt New rep	port Amends rep	ort filed on	M = M	/ D = D /	Y Y Y Y Y
	Full Name of Payee Florida AFL-CIO			Dat	e of Publi	ic Distribution/[Dissemination
	FIORIDA AFE-CIO				03	03	2014
	Mailing Address c/o Mike Williams			Am	ount		
	135 S. Monroe Street				- COLIN		
	City	State	Zip Code				211.82
	Tallahassee	FL	32301			D: D521132 ursement or O	bligation
	Purpose of Expenditure In-Kind Staff		Category/ Type 004		03	03	2014
	Name of Federal Candidate		Support	Office Sou	ight:	X House [District: 13
	DAVID W. JOLLY		Oppose	Pres	sident	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursem	nent For: Other (s	Primary	General
	Full Name of Payee					ic Distribution/I	Dissemination
	Florida AFL-CIO				M M M 03	/ 04 /	2014
	Mailing Address c/o Mike Williams			Δ m	nount	•	2011
	135 S. Monroe Street			All	Journ		
	City	State	Zip Code				646.72
	Tallahassee	FL	32301			D: D521137 ursement or O	bligation
	Purpose of Expenditure In-Kind Staff		Category/ Type 004		03	/ 04 /	2014
	Name of Federal Candidate		Support	Office Sou	uaht:	X House [District: 13
	ALEX SINK		Oppose		sident	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursem 2014		Primary	General
					Other (s	pecity)	
	(a) SUBTOTAL of Itemized Independent Expe	enditures		··· •			858.54
	(b) SUBTOTAL of Unitemized Independent Ex	xpenditures		•			
	(c) TOTAL Independent Expenditures						
				· L		7	
	Under penalty of perjury I certify that the ind- with, or at the request or suggestion of, any of party committee) any political party committee	candidate or authorize					
	Ms. Elizabeth H Shuler			М	/ D D	/ Y Y	YY

[Electronically Filed]

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Date

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Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form				
TI	EMIZED INDEPENDENT EXPEN	IDITURES		PAGE FOR I	66 OF 87 INE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)				CATION NUMBER ▼
٧	Vorkers' Voice				
				C C00484	201
Cł	neck if 24-hour report 48-hou	ur report New rep	ort Amends repo	rt filed on	/
	Full Name of Payee Florida AFL-CIO			Date of Public Distrib	ution/Dissemination
				03 / 04	
	Mailing Address c/o Mike Williams			Amount	
	135 S. Monroe Stree		7: 0 !		045.50
	City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521	215.58
			32301	Date of Disbursemen	
	Purpose of Expenditure In-Kind Staff		Category/ Type 004	03 / 04	
	Name of Federal Candidate		Support	Office Sought: X Hous	se District: 13
	DAVID W. JOLLY		Oppose	President Sena	ate State: FL
	Calendar Year-To-Date		36422.29	Disbursement For: Pr	imary General
	Per Election for Office Sought		30422.29	Other (specify)	
	Full Name of Payee International Union of Painters and A	Allied Trades Political Action	Together Political Com	Date of Public Distrib	oution/Dissemination
		unica Trades Foliacai Action	rogether rollitear con	03 / 04	
	Mailing Address 1750 New York Aven	ue, NW		Amount	
	City	State	Zip Code		34.29
	Washington	DC	20006	Transaction ID : D521 Date of Disbursemen	
	Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ 004	03 / 04	
			Type 004		2014
	Name of Federal Candidate		X Support	Office Sought: X House	se District: 13
	ALEX SINK		Oppose	President Sena	ate State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement For: Pr 2014 Other (specify)	rimary General
	(a) SUBTOTAL of Itemized Independen	nt Expenditures		•	249.87
	(b) SUBTOTAL of Unitemized Independent	dent Expenditures			
		•			45
	(c) TOTAL Independent Expenditures			·	
					70
	Under penalty of perjury I certify that t	he independent expenditures	reported herein were	not made in cooperation, cor	nsultation, or concert
	with, or at the request or suggestion of party committee) any political party com		d committee or agent of	f either, or (if the reporting er	ntity is not a political

[Electronically Filed]

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Date

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PAGE	67	OF	87	
FOR L	INE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report 48-hour report New repo	rt Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee International Union of Painters and Allied Trades Political Action Tog	gether Political Comm	Date of Public Distribution/Dissemination 03 04 04 07 07 07 07 07 07 07 07
Mailing Address 1750 New York Avenue, NW		Amount
City State 2	Zip Code	11.42
Washington DC	20006	Transaction ID : D521159 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/ Type 004	03 / 04 / 2014
Name of Federal Candidate	Support Office	e Sought: X House District: 13
DAVID W. JOLLY	∑ Oppose □	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	36422.29 Disb 2014	oursement For: Primary General A Other (specify) ▶
Full Name of Payee		
Florida AFL-CIO		Date of Public Distribution/Dissemination 03
Mailing Address c/o Mike Williams		Amount
135 S. Monroe Street	7: 0 !	007.05
City State Tallahassee FL	Zip Code 32301	607.35 Transaction ID : D521228 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff	Category/ Type 004	03 05 2014
Name of Federal Candidate	X Support Office	ce Sought: X House District: 13
ALEX SINK	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	36422.29 Disb 201	oursement For: Primary General Other (specify) Other
(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 with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronic	cally Filed] Date	04 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

TEMIZED INDEPENDENT EXPENDITURES		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		U ·
Check if 24-hour report 48-hour report New report	Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination
		03 05 7 2014
Mailing Address c/o Mike Williams		Amount
135 S. Monroe Street	:- Codo	202.45
	ip Code 2301	202.45 Transaction ID : D521229 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff	Category/ Type 004	03 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: X House District: 13
DAVID W. JOLLY	X Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	36422.29 Disb 2014	oursement For: Primary General
Full Name of Payee International Union of Painters and Allied Trades Political Action Too	gether Political Comm	Date of Public Distribution/Dissemination 03 05 07 07 07 07 07 07 07 07 07
Mailing Address 1750 New York Avenue, NW		Amount
City State Z	ïp Code	34.29
	20006	Transaction ID : D521232 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/ Type 004	03 / 05 / 2014
Name of Federal Candidate	X Support Office	ce Sought: House District: 13
ALEX SINK	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	36422.29 Disb 201	oursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures		236.74
	·	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		·
Ms. Elizabeth H Shuler [Electronica	ally Filed]	04 10 / Y Y Y Y Y Y
Signature	Date	

Wo Check					DENTIFICATION NUMBER V
Check Fu	t if 24-hour report 48-hour r				
Fi				C	C00484287
"	III Name of Davis	eport New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
М		I Name of Payee ternational Union of Painters and Allied Trades Political Action Together Political Comm			
1	ailing Address 1750 New York Avenue		Amount	05 2014	
С	ity	State	Zip Code		11.42
W	/ashington	DC	20006	Transaction II Date of Disb	D: D521233 ursement or Obligation
	urpose of Expenditure n-Kind Phone Banking Equipment		Category/ Type 004	03	05 / 2014
N	ame of Federal Candidate		Support	Office Sought:	X House District: 13
D	AVID W. JOLLY		Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement For: 2014	Primary Genera
	ull Name of Payee Florida AFL-CIO			Date of Publ	lic Distribution/Dissemination
M	lailing Address c/o Mike Williams			Amount	
	135 S. Monroe Street	State	Zip Code		534.22
	allahassee	FL	32301	Transaction I	
_	urpose of Expenditure n-Kind Staff		Category/ Type 004	03	/ D06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate		Support	Office Sought:	X House District: 13
Δ	LEX SINK		Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement For: 2014	Primary Genera
(a)	SUBTOTAL of Itemized Independent E	Expenditures		. •	545.64
(b)	SUBTOTAL of Unitemized Independen	nt Expenditures		· •	
(c)	TOTAL Independent Expenditures			•	

party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler	[Electronically Filed]	Date	04 /	10	2014
Signature					

Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3)				_			
1	EMIZED INDEPENDENT EXPEND	ITURES				AGE 70 OR LINE 24	OF 87 1 OF FORM 3X	
N.	AME OF COMMITTEE (In Full)						N NUMBER ▼	
١	Workers' Voice					0484287		
С	heck if 24-hour report 48-hour r	report New report	ort Amends repo	ort filed on	M /	D D /	Y = Y = Y = Y	
	Full Name of Payee Florida AFL-CIO			Date	и – м /	D D /	Dissemination	
	Mailing Address c/o Mike Williams				03	06	2014	
	135 S. Monroe Street			Amou	nt			
	City	State	Zip Code	TI:			202.45	
	Tallahassee	FL	32301		ction ID : of Disburs	D521239 ement or Ol	oligation	
	Purpose of Expenditure In-Kind Staff		Category/ Type 004		03	06	2014	
	Name of Federal Candidate		Support	Office Sough	nt: X	House D	District: 13	
	DAVID W. JOLLY		X Oppose	Preside		Senate	State:FL	
	Calendar Year-To-Date Per Election for Office Sought		36422.29	2014	Disbursement For: ☐ Primary ☐ Gen 2014 ☐ Other (specify) ▶			
	International Union of Painters and Allie Mailing Address 1750 New York Avenue.		rogether Political Con	Amou	03 /	06	2014	
	City	State	Zip Code	— I.			34.29	
	Washington	DC	20006		action ID :	D521245 ement or O	bligation	
	Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		03	06	2014	
	Name of Federal Candidate		Support	Office Sough	nt: X	House [District:13	
	ALEX SINK		Oppose	Presid		Senate	State: FL	
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursemer 2014	nt For:	Primary	General	
	(a) SUBTOTAL of Itemized Independent E (b) SUBTOTAL of Unitemized Independent					7	236.74	
	(c) TOTAL Independent Expenditures			·· • [
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commit	ny candidate or authorized						

[Electronically Filed]

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Date

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S

Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3X)			
ΓΙ	EMIZED INDEPENDENT EXPENDITURES		PAGE 71 OF 87 FOR LINE 24 OF FORM 3X	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
۷	Vorkers' Voice		C C00484287	
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on	
	Full Name of Payee International Union of Painters and Allied Trades Political Action To	ogether Political Comm	Date of Public Distribution/Dissemination	
	Mailing Address	03 06 2014		
	Mailing Address 1750 New York Avenue, NW	Amount		
	City State	State Zip Code		
	Washington DC	20006	Transaction ID : D521246 Date of Disbursement or Obligation	
	Purpose of Expenditure In-Kind Phone Banking Equipment	Category/ Type 004	03 06 7 2014	
	Name of Federal Candidate	Support	Office Sought: House District: 13	
	DAVID W. JOLLY	Oppose	President Senate State: FL	
	Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For: Primary General 2014 ✓ Other (specify) ▶	
	Full Name of Payee	Date of Public Distribution/Dissemination		
	Florida AFL-CIO		03 / 07 / 2014	
	Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount	
	City State	Zip Code	387.97	
	Tallahassee FL	32301	Transaction ID : D521340 Date of Disbursement or Obligation	
	Purpose of Expenditure In-Kind Staff	Category/ Type 004	03 / 07 / 2014	
	Name of Federal Candidate	Support	Office Sought: X House District: 13	
	ALEX SINK	Oppose	President Senate State: FL	
	Calendar Year-To-Date Per Election for Office Sought	36422.29	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 with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			

[Electronically Filed]

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Date

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NAME OF COMMITTEE (In Full)

PAGE 72 OF 87 FOR LINE 24 OF FORM 3X						
FEC IDENTIFICATION NUMBER ▼						
C C00484287						
M / D = D / Y = Y = Y						
of Public Distribution/Dissemination						
03 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
nt						
129.32						
ction ID: D521341 of Disbursement or Obligation						
03 / 07 / 2014						
t: X House District: 13						
ent Senate State: FL						
t For: Primary General						
of Dublic Distribution/Discomination						
of Public Distribution/Dissemination						
int						
781.72						
action ID : D521337 of Disbursement or Obligation						
03 / 08 / 2014						
nt: X House District: 13						
ent Senate State: FL						
nt For: Primary General						
Other (specify)						
911.04						

Workers' Voice	C C00484287					
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee	Date of Public Distribution/Dissemination					
Florida AFL-CIO	03 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address c/o Mike Williams	30 01 2011					
135 S. Monroe Street	Amount					
City State Zip Code	129.32					
Tallahassee FL 32301	Transaction ID : D521341 Date of Disbursement or Obligation					
Purpose of Expenditure In-Kind Staff Category/ Type 004	03 7 07 7 2014					
Name of Federal Candidate Support Office	e Sought: X House District: 13					
DAVID W. JOLLY Oppose	President Senate State: FL					
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General					
	Other (specify) ▶					
Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination 03 08 2014					
Mailing Address c/o Mike Williams	Amount					
135 S. Monroe Street	Amount					
City State Zip Code	781.72					
Tallahassee FL 32301	Transaction ID : D521337 Date of Disbursement or Obligation					
Purpose of Expenditure In-Kind Staff Category/ Type 004	03 08 7 2014					
Name of Federal Candidate Support Offic	e Sought: X House District: 13					
ALEX SINK Oppose	President Senate State: FL					
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General 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.						
Ms. Elizabeth H Shuler [Electronically Filed] Date	04 10 / Y Y Y Y Y Y Y					
Signature						

SCHEDULE E (FEC Form 3X)

CHEDOLL L (FLC FOIII 3X)			
TEMIZED INDEPENDENT EXPENDITURE	is .		PAGE 73 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report 48-hour report	New	report Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Florida AFL-CIO			03 08 7 2014
Mailing Address c/o Mike Williams			Amount
135 S. Monroe Street			
City	State	Zip Code	260.57
Tallahassee	FL	32301	Transaction ID : D521338 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff		Category/ Type 004	03 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 13
DAVID W. JOLLY		Oppose	President Senate State: FL
Calendar Year-To-Date			Disbursement For: Primary General
Per Election for Office Sought		36422.29	2014 X Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Florida AFL-CIO			03 09 2014
Mailing Address c/o Mike Williams			Amount
135 S. Monroe Street			
City	State	Zip Code	1017.97
Tallahassee	FL	32301	Transaction ID: D521384 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff		Category/ Type 004	03 / 09 / 4 4 4 4
Name of Federal Candidate		Support	Office Sought: House District: 13
ALEX SINK		Oppose	President Senate State: FL
Calendar Year-To-Date		2212200	Disbursement For: Primary General
Per Election for Office Sought	-	36422.29	2014
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 1278.54
" · · · · · · · · · · · · · · · · · · ·			
(b) SUBTOTAL of Unitermized Independent Exper	ditures		. •
(c) TOTAL Independent Expenditures			
			7 7 7
. , , , , , , , , , , , , , , , , , , ,	lidate or authori	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler	[Elecı	tronically Filed]	04 10 2014
Cignoture		Date	, 01 10 2011

TEMIZED INDEPENDENT EXPENDITURES	PAGE 74 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Florida AFL-CIO	03 09 7 2014
Mailing Address c/o Mike Williams	
135 S. Monroe Street	Amount
City State Zip Code	339.32
Tallahassee FL 32301	Transaction ID : D521385 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	03 09 2014
Name of Federal Candidate Support Office	e Sought: X House District: 13
DAVID W. JOLLY	President Senate State: FL
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought 36422.29 2014	X Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Florida AFL-CIO	03 10 2014
Mailing Address c/o Mike Williams	
135 S. Monroe Street	Amount
City State Zip Code	1574.85
Tallahassee FL 32301	Transaction ID : D521766 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	03 10 7 2014
Name of Federal Candidate Support Office	e Sought: X House District: 13
ALEX SINK Oppose	President Senate State: FL
	ursement For: Primary General
Per Election for Office Sought 36422.29	
(a) SUBTOTAL of Itemized Independent Expenditures	1914.17
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Europaditures	
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	M / D D / Y Y Y Y Y
Signature Date	04 10 2014

1.7.0	75 NE 24	OF OF F	87 ORM 3X	
ENTIFI	CATIO	N NUM	BER ▼	
C00484	207			

		FOR LINE 24 OF FORM 3X
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvo	rkers' Voice	C C00484287
Check	x if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
	ull Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination
	ailing Addrass	03 / 10 / 2014
	C/O IVIIKE VVIIIIams	Amount
С	ity State Zip Code	524.95
	allahassee FL 32301	Transaction ID : D521767 Date of Disbursement or Obligation
	urpose of Expenditure n-Kind Staff Category/ Type 004	03 10 / 2014
N	ame of Federal Candidate Support Offi	ice Sought: X House District: 13
D	AVID W. JOLLY Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary General 4 ✓ Other (specify) ►
	ull Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
M	lailing Address 815 - 16th Street, NW	Amount
С	ity State Zip Code	318.75
V	Vashington DC 20006	Transaction ID: D521768 Date of Disbursement or Obligation
	urpose of Expenditure Reimburse Auto Dialer Phones Category/ Type 004	03 / 10 / 2014
N	ame of Federal Candidate Support Offi	ice Sought: X House District: 13
Α	ALEX SINK Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought Dis 20'	bursement For: Primary General Other (specify) Other
(a)	SUBTOTAL of Itemized Independent Expenditures	843.70
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
with	der penalty of perjury I certify that the independent expenditures reported herein were not ren, or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler [Electronically Filed] Date	04 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Signature	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 76 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			D:	ate of Public Distribution/Dissemination
AFL-CIO				03 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Aı	mount
City Sta:	ate	Zip Code		106.94
Washington DC		20006		ansaction ID : D521769 ate of Disbursement or Obligation
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004		03 / 10 / 2014
Name of Federal Candidate		Support	Office Sc	ought: X House District: 13
DAVID W. JOLLY		X Oppose		esident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36422.29	2014	ment For: Primary General Other (specify) ▶
Full Name of Payee				Pate of Public Distribution/Dissemination
International Union of Painters and Allied Trades Politic	cal Action T	ogether Political Con	nm	03 / 10 / 2014
Mailing Address 1750 New York Avenue, NW			A	mount
City	ate	Zip Code		34.29
Washington DO	C	20006		ansaction ID : D521770 late of Disbursement or Obligation
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004		M 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office So	ought: X House District: 13
ALEX SINK		Oppose		esident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36422.29	2014	ement For: Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures.			··· •	
(c) TOTAL Independent Expenditures			··· • [
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	r authorized			
Ms. Elizabeth H Shuler	[Electroni	ically Filed] Date	e 04	10 2014
Signature				

PAGE	77	OF	87	
FOR LI	NE 24	OF FC	ORM 3X	
ENTIFIC	CATIO	N NUM	BER ▼	

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
International Union of Painters and Allied Trades Political Action Together Political Comm	03 10 7 2014
Mailing Address 1750 New York Avenue, NW	Amount
City State Zip Code	11.42
Washington DC 20006	Transaction ID : D521771 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Phone Banking Equipment Category/ Type 004	03 10 7 2014
Name of Federal Candidate Support Office	e Sought: X House District: 13
DAVID W. JOLLY Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	
	X Other (specify) ►
Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination
Mailing Address c/o Mike Williams	03 11 2014
135 S. Monroe Street	Amount
City State Zip Code	1276.72
Tallahassee FL 32301	Transaction ID : D521781 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	03 / 11 / 2014
Name of Federal Candidate Support Office	ce Sought: X House District: 13
ALEX SINK Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1288.14
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	04 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES		PAGE 78 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report 48-hour report	New report Amends	report filed on M = M / D = D / Y = Y = Y
Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination
Mailing Address c/o Mike Williams		03 11 2014 Amount
135 S. Monroe Street		Amount
City State	Zip Code	395.57
Tallahassee FL	32301	Transaction ID : D521783 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff	Category/ Type	004 03 / 11 / 2014
Name of Federal Candidate	Supp	ort Office Sought: House District: 13
DAVID W. JOLLY	У Орро	
Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For: Primary General 2014
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		02 26 2014
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	81.47
Washington DC	20006	Transaction ID : D520828
Purpose of Expenditure Reimburse Auto Dialer Phones	Category/ Type	Date of Disbursement or Obligation 004 03 19 2014
Name of Federal Candidate	X Supp	ort Office Sought: X House District: 13
ALEX SINK	Oppo	
Calendar Year-To-Date Per Election for Office Sought	36422.29	Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		······ >
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler		M M / D D / Y Y Y

[Electronically Filed]

2014

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Date

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Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 79 OF 87 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vorkers' Voice		C C00484287
Cł	neck if 24-hour report 48-hour report New report	Amends repo	ort filed on
	Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
	Mailing Address 815 - 16th Street, NW		02 / 26 / 2014
	ors - rour Street, NW		Amount
	City State Zip Code	;	27.16
	Washington DC 20006		Transaction ID : D520829 Date of Disbursement or Obligation
	Purpose of Expenditure Reimburse Auto Dialer Phones Categor Typ		03 / 19 / 2014
	Name of Federal Candidate	Support	Office Sought: X House District: 13
	DAVID W. JOLLY	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought 36422	.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	AFL-CIO		03 01 7 2014
	Mailing Address 815 - 16th Street, NW		Amount
	City State Zip Code		23.22
	Washington DC 20006		Transaction ID : D520531 Date of Disbursement or Obligation
	Purpose of Expenditure Reimburse Walk Product Categor Typ		03 / 21 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 13
	ALEX SINK	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought 36422	2.29	Disbursement For: Primary General 2014
	(a) SUBTOTAL of Itemized Independent Expenditures		> 50.38
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
			7 7 7
	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committe party committee) any political party committee or its agent.		

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Date

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 80 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
	03 01 2014
Mailing Address 815 - 16th Street, NW Am	ount
City State Zip Code	17.66
	saction ID: D520827 e of Disbursement or Obligation
Purpose of Expenditure Reimburse Walk Product Category/ Type 004	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: X House District: 13
ALEX SINK Oppose Pres	sident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
	te of Public Distribution/Dissemination
AFL-CIO	03 01 2014
Mailing Address 815 - 16th Street, NW Am	ount
City State Zip Code	47.74
	saction ID: D520936 te of Disbursement or Obligation
Purpose of Expenditure Reimburse Walk Product Category/ Type 004	03 21 2014
Name of Federal Candidate Support Office Sou	ight: X House District: 13
ALEX SINK Oppose Pres	sident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	65.40
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or a party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	/ D D / Y Y Y Y

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	PAGE 81 OF 87
	FOR LINE 24 OF FORM 3X ENTIFICATION NUMBER ▼
(C00484287
Ξ	

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	03 03 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	18.92
	Transaction ID : D521124 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Reimburse Auto Dialer Phones Type 004	03 21 2014
Name of Federal Candidate Support Office	Sought: X House District: 13
ALEX SINK Oppose	President Senate State: FL
	rsement For: Primary General
Per Election for Office Sought 36422.29 2014	X Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	03 / 03 / 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	6.30
, i	Transaction ID : D521125
Purpose of Expenditure	Date of Disbursement or Obligation
Reimburse Auto Dialer Phones Category/ Type 004	03 21 2014
Name of Federal Candidate Support Office	Sought: X House District:13
DAVID W. JOLLY Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary General
Tel Election for Office cought	X Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	25.22
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 42 1 1 42 1 1 42 1
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature Date 0	

SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FEC FOIIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 82 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Mailing Address	03 / 04 / 2014
815 - Ibin Street INW	nount
City State Zip Code	113.37
Washington DC 20006 Tran	nsaction ID : D521156
Purpose of Expenditure Reimburse Auto Dialer Phones Category/ Type 004	te of Disbursement or Obligation 03 21 2014
Name of Federal Candidate Support Office Sou	ught: X House District: 13
ALEX SINK	sident Senate State: FL
Calendar Year-To-Date Disbursem	
36422.29 2014	Other (specify)
Full Name of Payee Date AFL-CIO	te of Public Distribution/Dissemination
	03 04 2014
Mailing Address 815 - 16th Street, NW Am	nount
City State Zip Code	37.79
	nsaction ID : D521157 Ite of Disbursement or Obligation
Purpose of Expenditure Reimburse Auto Dialer Phones Category/ Type 004	03 / 21 / 2014
Name of Federal Candidate Support Office Sou	ught: X House District: 13
DAVID W. JOLLY Pres	sident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	151.16
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	/ 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDIT	URES				PAGE 83 FOR LINE 24	OF 87 4 OF FORM 3X
Ν	AME OF COMMITTEE (In Full)				FFC II	DENTIFICATIO	N NUMBER ▼
١	Workers' Voice					C00484287	THOMBEN V
С	heck if 24-hour report 48-hour rep	ort New rep	ort Amends repo		1 M /	D D /	Y Y Y Y Y
	Full Name of Payee Angle Mastagni Mathews Political	Strategies, LLC			of Public	c Distribution/E	Dissemination 2014
	Mailing Address 507 N. Sylvania Avenue			Amou		00	2011
	City	State	Zip Code				1250.00
	Fort Worth	TX	76111			D: D521199 ursement or O	
	Purpose of Expenditure GOTV Calls		Category/ Type 004		03	21	2014
	Name of Federal Candidate		Support	Office Sough	nt:	X House □	District: 13
	DAVID W. JOLLY		X Oppose	Presid	_	Senate	State:FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursemer 2014		Primary Decify) ▶	General
	Full Name of Payee		_	Date	of Publi	c Distribution/[Dissemination
	Angle Mastagni Mathews Politic	cal Strategies, LL	.C	[03	06	2014
	Mailing Address 507 N. Sylvania Avenue			Amou	ınt		
	City	State	Zip Code				3750.00
	Fort Worth	TX	76111			D: D521203 ursement or O	bligation
	Purpose of Expenditure GOTV Calls		Category/ Type 004		03	21	2014
	Name of Federal Candidate		Support	Office Sough	nt:	X House [District: 13
	ALEX SINK		Oppose	Presid	_	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursemer 2014		Primary Decify) ►	General
	(a) SUBTOTAL of Itemized Independent Exp	penditures		· [5000.00
	(b) SUBTOTAL of Unitemized Independent E	Expenditures		• •			
	(c) TOTAL Independent Expenditures			•			
	Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
	Ms Flizabeth H Shuler						

[Electronically Filed]

2014

04

Date

Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3X)						
Т	EMIZED INDEPENDENT EXPENDITURES					PAGE 84 FOR LINE	OF 87 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC II	DENTIFICATI	ON NUMBER ▼
١	Workers' Voice				С	C00484287	
С	heck if 24-hour report 48-hour report	New repo	ort Amends repo		Л = М	/ D D /	Y I Y I Y I Y
	Full Name of Payee AFL-CIO				of Publi	c Distribution	/Dissemination
	Mailing Address 815 - 16th Street, NW			Amou	03	05	2014
				Amot			
	City State Washington DC	I.	Zip Code 20006			D : D521230	150.23
	Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004		03	ursement or	Obligation 2014
	Name of Federal Candidate		Support	Office Sough	nt:	X House	District:13
	ALEX SINK		Oppose	Presid		Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement 2014		Primar	y General
	Full Name of Payee			Date	of Publ	ic Distributior	n/Dissemination
	AFL-CIO			[03	05	2014
	Mailing Address 815 - 16th Street, NW			Amo	unt		
	City State		Zip Code				50.08
	Washington DC		20006			D : D521231 ursement or	Obligation
	Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004		03	21	2014
	Name of Federal Candidate		Support	Office Soug	ht:	X House	District: 13
	DAVID W. JOLLY		Oppose	Presid	-	Senate	State: FL
	Calendar Year-To-Date Per Election for Office Sought		36422.29	Disburseme 2014		Primar	y General
	,				,		
	(a) SUBTOTAL of Itemized Independent Expenditures			•	-		200.31
	(b) SUBTOTAL of Unitemized Independent Expenditures			•	1 7		
	(c) TOTAL Independent Expenditures			•		-	
	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.						

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Date

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SCHEDULE E (FEC Form 3X)				or or
ITEMIZED INDEPENDENT EXPENDIT	URES			PAGE 85 OF 87 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report 48-hour rep	port New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee AFL-CIO			Date of Pul	olic Distribution/Dissemination
AFL-CIO			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		204.83
Washington	DC	20006		ID: D521241 Sursement or Obligation
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004	03	21 2014
Name of Federal Candidate		Support	Office Sought:	X House District:13
ALEX SINK		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement Form 2014 Other (
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
AFL-CIO			03	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		68.27
Washington	DC	20006		ID: D521243 sbursement or Obligation
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004	M 03	21 2014
Name of Federal Candidate		Support	Office Sought:	X House District: 13
DAVID W. JOLLY		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement For 2014 Other	,
•				
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	273.10
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			

Ms. Elizabeth H Shuler	[Electronically Filed]	Date	04 /	10	2014
Signature					

Ms. Elizabeth H Shuler

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES			PAGE 86	OF 87
N	AME OF COMMITTEE (In Full)		FEC		ON NUMBER ▼
٧	Vorkers' Voice		С	C00484287	
CI	neck if 24-hour report 48-hour report New report Amends report	filed or	n M M	/ D D /	Y = Y = Y = Y
	Full Name of Payee		Date of Pub	lic Distribution	Dissemination
	AFL-CIO		03	/ 08 /	2014
	Mailing Address 815 - 16th Street, NW	A	Amount		
	City State Zip Code	- [59.02
	Washington DC 20006	I		D : D521339 bursement or C	Obligation
	Purpose of Expenditure Reimburse Walk Product Category/ Type 004		03	/ 21	2014
	Name of Federal Candidate Support	Office S	Sought:	X House	District: 13
	ALEX SINK Oppose	Р	resident	Senate	State: FL
	Odiciladi ical lo bato	2014	ement For:	Primary	General
	Full Name of Payee AFL-CIO Mailing Address 815 - 16th Street, NW		Date of Pub 03	/ Distribution	/Dissemination 2014
	City State Zip Code				153.04
	Washington DC 20006	I		ID : D521672 oursement or (Obligation
	Purpose of Expenditure Reimburse Walk Product Category/ Type 004		03	21	2014
	Name of Federal Candidate Support	Office S	Sought:	X House	District: 13
	ALEX SINK Oppose	Р	resident	Senate	State: FL
		2014 _	ement For:	Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures	• [212.06
	(b) SUBTOTAL of Unitemized Independent Expenditures	•			
	(c) TOTAL Independent Expenditures	•			1 20 1
	Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				

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Date

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Ms. Elizabeth H Shuler

Signature

SCHEDULE E (FEC Form 3 TEMIZED INDEPENDENT EXPENDENT			PAGE 87 OF 87
			FOR LINE 24 OF FORM 33
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on
Full Name of Payee Angle Mastagni Mathews Politic	cal Strategies, LLC		Date of Public Distribution/Dissemination
Mailing Address 507 N. Sylvania Avenu	e		03 10 2014 Amount
City	State	Zip Code	4972.50
Fort Worth	TX	76111	Transaction ID : D521772 Date of Disbursement or Obligation
Purpose of Expenditure GOTV Calls		Category/ Type 004	03 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 13
ALEX SINK		Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Angle Mastagni Mathews Po	olitical Strategies, LL	С	Date of Public Distribution/Dissemination
Mailing Address 507 N. Sylvania Avenu	ie		03 10 2014
1			Amount
City	State	Zip Code	1657.51
Fort Worth	TX	76111	Transaction ID : D521773 Date of Disbursement or Obligation
Purpose of Expenditure GOTV Calls		Category/ Type 004	03 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: X House District: 13
DAVID W. JOLLY		X Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		36422.29	Disbursement For: Primary General 2014
			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		▶ 6630.01
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		
(c) TOTAL Independent Expenditures			> 36422.29
	any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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