

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Workers' Voice

ADDRESS (number and street) 815 - 16th Street, NW 7th Floor

Check if different than previously reported. (ACC) Washington DC 20006

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00484287

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2014 through [MM] / [DD] / [YYYY] 03 / 31 / 2014

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

Type or Print Name of Treasurer Ms. Elizabeth H Shuler

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

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Workers' Voice

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="1717593.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1717593.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="64149.40"/>	<input type="text" value="64149.40"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1781742.95"/>	<input type="text" value="1781742.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="324384.03"/>	<input type="text" value="324384.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1457358.92"/>	<input type="text" value="1457358.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Workers' Voice

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38283.14	38283.14
(ii) Unitemized	235.00	235.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38518.14	38518.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	25437.29	25437.29
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	63955.43	63955.43
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	193.97	193.97
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	64149.40	64149.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64149.40	64149.40

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	161721.91	161721.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	161721.91	161721.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	36422.29	36422.29
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	126239.83	126239.83
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	324384.03	324384.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	324384.03	324384.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. Florida AFL-CIO

Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 05 / 2014
Transaction ID : C9670287

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
B. Florida AFL-CIO

Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 06 / 2014
Transaction ID : C9670290

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
C. Florida AFL-CIO

Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 07 / 2014
Transaction ID : C9670292

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 489.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 08 / 2014
Transaction ID : **C9670293**

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

B. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 09 / 2014
Transaction ID : **C9670294**

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

C. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 10 / 2014
Transaction ID : **C9670296**

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 489.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : C9670298

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

B. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2014

Transaction ID : C9670300

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

C. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2014

Transaction ID : C9670303

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	489.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 14 / 2014
Transaction ID : C9670305

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

B. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 15 / 2014
Transaction ID : C9670306

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

C. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 16 / 2014
Transaction ID : C9670309

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 489.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2014

Transaction ID : C9670312

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

B. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : C9670314

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

C. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C9651461

Amount of Each Receipt this Period
163.02

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	489.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO
Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) **Special**
Aggregate Year-to-Date ▼
34083.14

Date of Receipt
MM / DD / YYYY
02 / 20 / 2014
Transaction ID : C9651462
Amount of Each Receipt this Period
277.30
* In-Kind: In-Kind Contribution

B. Florida AFL-CIO
Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) **Special**
Aggregate Year-to-Date ▼
34083.14

Date of Receipt
MM / DD / YYYY
02 / 21 / 2014
Transaction ID : C9651463
Amount of Each Receipt this Period
277.30
* In-Kind: In-Kind Contribution

C. Florida AFL-CIO
Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) **Special**
Aggregate Year-to-Date ▼
34083.14

Date of Receipt
MM / DD / YYYY
02 / 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. Florida AFL-CIO

Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 23 / 2014
Transaction ID : C9651475

Amount of Each Receipt this Period
277.30

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
B. Florida AFL-CIO

Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 24 / 2014
Transaction ID : C9651476

Amount of Each Receipt this Period
432.98

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
C. Florida AFL-CIO

Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
02 / 24 / 2014
Transaction ID : C9651478

Amount of Each Receipt this Period
144.32

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 854.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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 135 S. Monroe Street		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9651477
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Special"/>	Aggregate Year-to-Date ▼ <input type="text" value="34083.14"/>	<input type="text" value="277.30"/>
		* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial) B. Florida AFL-CIO		Date of Receipt
Mailing Address c/o Mike Williams 135 S. Monroe Street		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9651479
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Special"/>	Aggregate Year-to-Date ▼ <input type="text" value="34083.14"/>	<input type="text" value="682.35"/>
		* 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		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9651480
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Special"/>	Aggregate Year-to-Date ▼ <input type="text" value="34083.14"/>	<input type="text" value="227.45"/>
		* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1187.10"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO
 Full Name (Last, First, Middle Initial)
 Mailing Address c/o Mike Williams
 135 S. Monroe Street
 City Tallahassee State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) **Special**
 Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : C9651481
 Amount of Each Receipt this Period
 522.98
 * In-Kind: In-Kind Contribution

B. Florida AFL-CIO
 Full Name (Last, First, Middle Initial)
 Mailing Address c/o Mike Williams
 135 S. Monroe Street
 City Tallahassee State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) **Special**
 Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : C9651482
 Amount of Each Receipt this Period
 174.32
 * In-Kind: In-Kind Contribution

C. Florida AFL-CIO
 Full Name (Last, First, Middle Initial)
 Mailing Address c/o Mike Williams
 135 S. Monroe Street
 City Tallahassee State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) **Special**
 Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : C9651485
 Amount of Each Receipt this Period
 277.30
 * In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	974.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2014

Transaction ID : C9651483

Amount of Each Receipt this Period
432.98

* In-Kind: In-Kind Contribution

B. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2014

Transaction ID : C9651484

Amount of Each Receipt this Period
144.32

* In-Kind: In-Kind Contribution

C. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2014

Transaction ID : C9651486

Amount of Each Receipt this Period
277.30

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	854.60
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ **34083.14**

Date of Receipt: 03 / 03 / 2014
Transaction ID : C9651487
Amount of Each Receipt this Period: **635.48**
* In-Kind: In-Kind Contribution

B. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ **34083.14**

Date of Receipt: 03 / 03 / 2014
Transaction ID : C9651488
Amount of Each Receipt this Period: **211.82**
* In-Kind: In-Kind Contribution

C. Florida AFL-CIO

Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ **34083.14**

Date of Receipt: 03 / 04 / 2014
Transaction ID : C9651489
Amount of Each Receipt this Period: **646.72**
* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....▶ **1494.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO
 Full Name (Last, First, Middle Initial)
 Mailing Address c/o Mike Williams
 135 S. Monroe Street
 City Tallahassee State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) **Special**
 Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014
Transaction ID : C9651490
 Amount of Each Receipt this Period
 215.58
 * In-Kind: In-Kind Contribution

B. Florida AFL-CIO
 Full Name (Last, First, Middle Initial)
 Mailing Address c/o Mike Williams
 135 S. Monroe Street
 City Tallahassee State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) **Special**
 Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014
Transaction ID : C9651491
 Amount of Each Receipt this Period
 607.35
 * In-Kind: In-Kind Contribution

C. Florida AFL-CIO
 Full Name (Last, First, Middle Initial)
 Mailing Address c/o Mike Williams
 135 S. Monroe Street
 City Tallahassee State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) **Special**
 Aggregate Year-to-Date **34083.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014
Transaction ID : C9651492
 Amount of Each Receipt this Period
 202.45
 * In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	1025.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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 135 S. Monroe Street		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9651493
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Special"/>	Aggregate Year-to-Date ▼ <input type="text" value="34083.14"/>	<input type="text" value="534.22"/>
		* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial) B. Florida AFL-CIO		Date of Receipt
Mailing Address c/o Mike Williams 135 S. Monroe Street		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9651494
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Special"/>	Aggregate Year-to-Date ▼ <input type="text" value="34083.14"/>	<input type="text" value="202.45"/>
		* 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		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C9629262
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="34083.14"/>	<input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5736.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 135 S. Monroe Street		M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2014
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee. C		Transaction ID : C9629263
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 5000.00
Aggregate Year-to-Date ▼ 34083.14		

Full Name (Last, First, Middle Initial) B. Florida AFL-CIO		Date of Receipt
Mailing Address c/o Mike Williams 135 S. Monroe Street		M M M / D D D / Y Y Y Y Y Y 03 / 07 / 2014
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee. C		Transaction ID : C9651497
Name of Employer		Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special		Amount of Each Receipt this Period 387.97
Aggregate Year-to-Date ▼ 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		M M M / D D D / Y Y Y Y Y Y 03 / 07 / 2014
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee. C		Transaction ID : C9651498
Name of Employer		Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special		Amount of Each Receipt this Period 129.32
Aggregate Year-to-Date ▼ 34083.14		* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5517.29
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. Florida AFL-CIO

Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
03 / 08 / 2014
Transaction ID : C9651495

Amount of Each Receipt this Period
781.72

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
B. Florida AFL-CIO

Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
03 / 08 / 2014
Transaction ID : C9651496

Amount of Each Receipt this Period
260.57

* In-Kind: In-Kind Contribution

Full Name (Last, First, Middle Initial)
C. Florida AFL-CIO

Mailing Address c/o Mike Williams
135 S. Monroe Street

City Tallahassee State FL Zip Code 32301

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
34083.14

Date of Receipt
03 / 09 / 2014
Transaction ID : C9651499

Amount of Each Receipt this Period
1017.97

* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2060.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Florida AFL-CIO
Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) **Special**
Aggregate Year-to-Date ▼
34083.14

Date of Receipt
03 / 09 / 2014
Transaction ID : C9651500
Amount of Each Receipt this Period
339.32
* In-Kind: In-Kind Contribution

B. Florida AFL-CIO
Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) **Special**
Aggregate Year-to-Date ▼
34083.14

Date of Receipt
03 / 10 / 2014
Transaction ID : C9651501
Amount of Each Receipt this Period
1574.85
* In-Kind: In-Kind Contribution

C. Florida AFL-CIO
Full Name (Last, First, Middle Initial)
Mailing Address c/o Mike Williams
135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify) **Special**
Aggregate Year-to-Date ▼
34083.14

Date of Receipt
03 / 10 / 2014
Transaction ID : C9651502
Amount of Each Receipt this Period
524.95
* In-Kind: In-Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2439.12
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial) A. Florida AFL-CIO		Date of Receipt MM / DD / YYYY 03 / 11 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street		Transaction ID : C9651503
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1276.72	
Name of Employer	Occupation	* In-Kind: In-Kind Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	

Full Name (Last, First, Middle Initial) B. Florida AFL-CIO		Date of Receipt MM / DD / YYYY 03 / 11 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street		Transaction ID : C9651504
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 395.57	
Name of Employer	Occupation	* In-Kind: In-Kind Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special	Aggregate Year-to-Date ▼ 34083.14	

Full Name (Last, First, Middle Initial) C. Florida AFL-CIO		Date of Receipt MM / DD / YYYY 03 / 20 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street		Transaction ID : C9651724
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 6630.01	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. West Central Florida Federation of Labor

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 76108

City Tampa	State FL	Zip Code 33675-1108
---------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
4200.00

Date of Receipt

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

Transaction ID : C9651436

Amount of Each Receipt this Period
1050.00

* In-Kind: In-Kind Contribution

B. West Central Florida Federation of Labor

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 76108

City Tampa	State FL	Zip Code 33675-1108
---------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
4200.00

Date of Receipt

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

Transaction ID : C9651437

Amount of Each Receipt this Period
3150.00

* In-Kind: In-Kind Contribution

C.

Full Name (Last, First, Middle Initial)
Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	38283.14

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. International Alliance of Theatrical Stage Employees Federal Speech PAC

Mailing Address 1430 Broadway 20th Floor

City New York State NY Zip Code 10018

FEC ID number of contributing federal political committee. **C C00528455**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : C9552006

Amount of Each Receipt this Period
 25000.00

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00000885**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼ Special

Aggregate Year-to-Date ▼
437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : C9651440

Amount of Each Receipt this Period
 34.29

* In-Kind: In Kind Contribution

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00000885**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼ Special

Aggregate Year-to-Date ▼
437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : C9651441

Amount of Each Receipt this Period
 11.42

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 25045.71

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

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

Mailing Address 1750 New York Avenue, NW

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
437.29

Date of Receipt

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

Transaction ID : C9651442

Amount of Each Receipt this Period

122.27

* In-Kind: In Kind Contribution

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

Mailing Address 1750 New York Avenue, NW

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
437.29

Date of Receipt

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

Transaction ID : C9651443

Amount of Each Receipt this Period

40.76

* In-Kind: In Kind Contribution

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

Mailing Address 1750 New York Avenue, NW

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼
437.29

Date of Receipt

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

Transaction ID : C9651444

Amount of Each Receipt this Period

34.29

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	197.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ 437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : C9651445

Amount of Each Receipt this Period
 11.42

* In-Kind: In Kind Contribution

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ 437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : C9651446

Amount of Each Receipt this Period
 34.29

* In-Kind: In Kind Contribution

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ 437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : C9651447

Amount of Each Receipt this Period
 11.42

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	57.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ 437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : C9651448

Amount of Each Receipt this Period
 34.29

* In-Kind: In Kind Contribution

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ 437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : C9651449

Amount of Each Receipt this Period
 11.42

* In-Kind: In Kind Contribution

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ 437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : C9651428

Amount of Each Receipt this Period
 11.42

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional).....	57.13
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 28 OF 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ 437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : C9651450

Amount of Each Receipt this Period
 34.29

* In-Kind: In Kind Contribution

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ 437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : C9651438

Amount of Each Receipt this Period
 34.29

* In-Kind: In Kind Contribution

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **Special**

Aggregate Year-to-Date ▼ 437.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : C9651439

Amount of Each Receipt this Period
 11.42

* In-Kind: In Kind Contribution

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	25437.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2014

Transaction ID : D515416

Amount of Each Disbursement this Period

0.40

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2014

Transaction ID : D515505

Amount of Each Disbursement this Period

1.87

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2014

Transaction ID : D517587

Amount of Each Disbursement this Period

0.40

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

2.67

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D519874

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Online Fundraising Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D521752

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimbursement for Internet Costs

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D520804

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimburse Network Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2014

Transaction ID : D521210

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimbursement for Internet Costs

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2014

Transaction ID : D521219

Amount of Each Disbursement this Period

132.25

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimburse Staff Related Costs

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2014

Transaction ID : D519530

Amount of Each Disbursement this Period

21159.76

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

23042.01

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimburse Network Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2014

Transaction ID : D517451

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimbursement for Internet Costs

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : D518487

Amount of Each Disbursement this Period

221.26

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimburse Staff Related Costs

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : D518491

Amount of Each Disbursement this Period

22462.88

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

24434.14

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimbursement for Internet Costs

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D518928

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimbursement for Internet Costs

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D518929

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Reimbursement for Internet Costs

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D518930

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: (check only one)
21b 22 23 24 25 26
27 28a 28b 28c 29 30b
PAGE 34 OF 87

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. American Bridge 21st Century
Full Name (Last, First, Middle Initial)
Mailing Address 455 Massachusetts Avenue, NW
6th Floor
City Washington State DC Zip Code 20001
Purpose of Disbursement Research Services
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:
Date of Disbursement 01 / 24 / 2014
Transaction ID : D518467
Amount of Each Disbursement this Period 100000.00

B. Horacio Arroyo
Full Name (Last, First, Middle Initial)
Mailing Address 12070 Woodbridge Street, Apt 8
City Los Angeles State CA Zip Code 91640
Purpose of Disbursement Non Federal Flier Printing
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:
Date of Disbursement 01 / 16 / 2014
Transaction ID : D514415
Amount of Each Disbursement this Period 382.18

C. Colleen O'Neill
Full Name (Last, First, Middle Initial)
Mailing Address 283 College Manor Drive
City Arnold State MD Zip Code 21012
Purpose of Disbursement Proofing Svcs
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:
Date of Disbursement 02 / 07 / 2014
Transaction ID : D518608
Amount of Each Disbursement this Period 25.00

SUBTOTAL of Disbursements This Page (optional) 100407.18
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Proofing Svs

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : D520374

Amount of Each Disbursement this Period

35.72

Full Name (Last, First, Middle Initial)

B. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Proofing Svs

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : D520375

Amount of Each Disbursement this Period

17.84

Full Name (Last, First, Middle Initial)

C. DC Treasurer

Mailing Address Office of Tax & Revenue
PO Box 679

City State Zip Code
Washington DC 20044-0679

Purpose of Disbursement
D-20 2013 Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : D521987

Amount of Each Disbursement this Period

250.00

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

303.56

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Department of the Treasury

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201-0027

Purpose of Disbursement
1120 POL Tax Due

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : D521988

Amount of Each Disbursement this Period

345.00

Full Name (Last, First, Middle Initial)

B. Lexicon

Mailing Address 10300 Farnham Drive

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Graphic Layout Design Svs

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D519402

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lexicon

Mailing Address 10300 Farnham Drive

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Graphic Layout Design Svs

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D519403

Amount of Each Disbursement this Period

60.00

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

425.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Qtrly Reporting System State Registrations

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : D519529

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

B. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Qtrly Reporting System Registration

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : D518916

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : D523667

Amount of Each Disbursement this Period

3.20

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

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

1603.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Printmeisters of Orlando, Inc.

Mailing Address 10732 William Tell Drive

City Orlando State FL Zip Code 32821

Purpose of Disbursement
Non Federal Flier Printing

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2014

Transaction ID : D513664

Amount of Each Disbursement this Period

702.90

Full Name (Last, First, Middle Initial)

B. The McLaughlin Company

Mailing Address 9210 Corporate Blvd., Suite 250

City Rockville State MD Zip Code 20850

Purpose of Disbursement
Insurance Deductible

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : D519672

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. The McLaughlin Company

Mailing Address 9210 Corporate Blvd., Suite 250

City Rockville State MD Zip Code 20850

Purpose of Disbursement
Insurance Deductible

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : D519673

Amount of Each Disbursement this Period

500.00

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

1702.90

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Trister, Ross, Schadler & Gold, PLLC

Mailing Address 1666 Connecticut Avenue, NW 5th Fl

City Washington State DC Zip Code 20009

Purpose of Disbursement
Legal Services

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2014

Transaction ID : D520800

Amount of Each Disbursement this Period

9030.78

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

9030.78

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

161721.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 - 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Immigration Activism Program

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : D514754

Amount of Each Disbursement this Period

1	1	6	6	0	.	1	4
---	---	---	---	---	---	---	---

012
Category/
Type

Full Name (Last, First, Middle Initial)

B. EAN SERVICES, LLC

Mailing Address PO BOX 840173

City Kansas City State MO Zip Code 64184-0173

Purpose of Disbursement
Rental Vans Election Day 2013

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : D514405

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

001
Category/
Type

Full Name (Last, First, Middle Initial)

C. EAN SERVICES, LLC

Mailing Address PO BOX 840173

City Kansas City State MO Zip Code 64184-0173

Purpose of Disbursement
Rental Vans Election Day 2013

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : D518645

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

001
Category/
Type

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

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

1	1	6	6	0	.	1	4
---	---	---	---	---	---	---	---

5	0	0	.	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Virginia Non Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : D519871

Amount of Each Disbursement this Period

112.50

Full Name (Last, First, Middle Initial)

B. Mosaic

Mailing Address 4801 Viewpoint Place

City Cheverly State MD Zip Code 20781

Purpose of Disbursement
Virginia Non Federal Fliers

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : D519873

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

C. The Pivot Group

Mailing Address 1720 I St NW
Ste 550

City Washington State DC Zip Code 20006

Purpose of Disbursement
Virginia Non Federal Direct Mail

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : D518918

Amount of Each Disbursement this Period

8287.19

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

8579.69

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

126239.83

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Mosaic
Mailing Address: 4801 Viewpoint Place
City: Cheverly, State: MD, Zip Code: 20781
Purpose of Expenditure: Fliers, Category/Type: 004
Date of Public Distribution/Dissemination: 02/08/2014
Amount: 180.00
Transaction ID: D519971
Date of Disbursement or Obligation: 01/30/2014
Name of Federal Candidate: ALEX SINK, Support
Office Sought: House, District: 13, State: FL
Calendar Year-To-Date Per Election for Office Sought: 36422.29
Disbursement For: Other (specify)

Full Name of Payee: Florida AFL-CIO
Mailing Address: c/o Mike Williams, 135 S. Monroe Street
City: Tallahassee, State: FL, Zip Code: 32301
Purpose of Expenditure: In-Kind Staff, Category/Type: 004
Date of Public Distribution/Dissemination: 02/05/2014
Amount: 163.02
Transaction ID: D523169
Date of Disbursement or Obligation: 02/05/2014
Name of Federal Candidate: ALEX SINK, Support
Office Sought: House, District: 13, State: FL
Calendar Year-To-Date Per Election for Office Sought: 36422.29
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 343.02
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler
[Electronically Filed]
Date: 04/10/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Florida AFL-CIO
Mailing Address: c/o Mike Williams, 135 S. Monroe Street
City: Tallahassee, State: FL, Zip Code: 32301
Purpose of Expenditure: In-Kind Staff, Category/Type: 004
Name of Federal Candidate: ALEX SINK, Support
Office Sought: House, District: 13, State: FL
Calendar Year-To-Date Per Election for Office Sought: 36422.29
Disbursement For: Other (specify)

Full Name of Payee: Florida AFL-CIO
Mailing Address: c/o Mike Williams, 135 S. Monroe Street
City: Tallahassee, State: FL, Zip Code: 32301
Purpose of Expenditure: In-Kind Staff, Category/Type: 004
Name of Federal Candidate: ALEX SINK, Support
Office Sought: House, District: 13, State: FL
Calendar Year-To-Date Per Election for Office Sought: 36422.29
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 326.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler
[Electronically Filed]
Date: 04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City
Tallahassee State
FL Zip Code
32301
Purpose of Expenditure
In-Kind Staff Category/
Type 004
Name of Federal Candidate
ALEX SINK Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Date of Public Distribution/Dissemination
02 / 08 / 2014
Amount
163.02
Transaction ID : D523184
Date of Disbursement or Obligation
02 / 08 / 2014
Office Sought: House District: 13
State: FL
Disbursement For: Other (specify)

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City
Tallahassee State
FL Zip Code
32301
Purpose of Expenditure
In-Kind Staff Category/
Type 004
Name of Federal Candidate
ALEX SINK Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Date of Public Distribution/Dissemination
02 / 09 / 2014
Amount
163.02
Transaction ID : D523185
Date of Disbursement or Obligation
02 / 09 / 2014
Office Sought: House District: 13
State: FL
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 326.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Mosaic
Mailing Address: 4801 Viewpoint Place
City: Cheverly, State: MD, Zip Code: 20781
Purpose of Expenditure: Fliers, Category/Type: 004
Date of Public Distribution/Dissemination: 02/15/2014
Amount: 225.00
Transaction ID: D519970
Date of Disbursement or Obligation: 02/10/2014
Name of Federal Candidate: ALEX SINK, Support
Office Sought: House, District: 13, State: FL
Calendar Year-To-Date Per Election for Office Sought: 36422.29
Disbursement For: Other (specify)

Full Name of Payee: Florida AFL-CIO
Mailing Address: c/o Mike Williams, 135 S. Monroe Street
City: Tallahassee, State: FL, Zip Code: 32301
Purpose of Expenditure: In-Kind Staff, Category/Type: 004
Date of Public Distribution/Dissemination: 02/10/2014
Amount: 163.02
Transaction ID: D523186
Date of Disbursement or Obligation: 02/10/2014
Name of Federal Candidate: ALEX SINK, Support
Office Sought: House, District: 13, State: FL
Calendar Year-To-Date Per Election for Office Sought: 36422.29
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 388.02
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler
[Electronically Filed]
Date: 04/10/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Florida AFL-CIO
Mailing Address: c/o Mike Williams, 135 S. Monroe Street
City: Tallahassee, State: FL, Zip Code: 32301
Purpose of Expenditure: In-Kind Staff, Category/Type: 004
Name of Federal Candidate: ALEX SINK, Support
Office Sought: House, District: 13, State: FL
Calendar Year-To-Date Per Election for Office Sought: 36422.29
Disbursement For: Other (specify)

Full Name of Payee: Florida AFL-CIO
Mailing Address: c/o Mike Williams, 135 S. Monroe Street
City: Tallahassee, State: FL, Zip Code: 32301
Purpose of Expenditure: In-Kind Staff, Category/Type: 004
Name of Federal Candidate: ALEX SINK, Support
Office Sought: House, District: 13, State: FL
Calendar Year-To-Date Per Election for Office Sought: 36422.29
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 326.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler
[Electronically Filed]
Date: 04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 13 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 163.02
City: Tallahassee State: FL Zip Code: 32301	Transaction ID : D523190
Purpose of Expenditure In-Kind Staff	Date of Disbursement or Obligation MM / DD / YYYY 02 / 13 / 2014
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶
36422.29	36422.29

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 163.02
City: Tallahassee State: FL Zip Code: 32301	Transaction ID : D523191
Purpose of Expenditure In-Kind Staff	Date of Disbursement or Obligation MM / DD / YYYY 02 / 14 / 2014
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶
36422.29	36422.29

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	326.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 15 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 163.02
City State Zip Code Tallahassee FL 32301	Transaction ID : D523192 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 15 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 16 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 163.02
City State Zip Code Tallahassee FL 32301	Transaction ID : D523193 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 16 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	326.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 163.02
City: Tallahassee State: FL Zip Code: 32301	Transaction ID : D523194
Purpose of Expenditure In-Kind Staff	Date of Disbursement or Obligation MM / DD / YYYY 02 / 17 / 2014
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 18 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 163.02
City: Tallahassee State: FL Zip Code: 32301	Transaction ID : D523195
Purpose of Expenditure In-Kind Staff	Date of Disbursement or Obligation MM / DD / YYYY 02 / 18 / 2014
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	326.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 19 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 163.02
City State Zip Code Tallahassee FL 32301	
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>13</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 20 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 277.30
City State Zip Code Tallahassee FL 32301	
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>13</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	440.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 10 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 277.30
City State Zip Code Tallahassee FL 32301	Transaction ID : D520488 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 22 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 637.30
City State Zip Code Tallahassee FL 32301	Transaction ID : D520489 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 22 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	914.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mosaic
Mailing Address 4801 Viewpoint Place
City Cheverly State MD Zip Code 20781
Purpose of Expenditure Fliers Category/Type 004
Name of Federal Candidate ALEX SINK Support
Office Sought: House District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29
Disbursement For: Other (specify)

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams
135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004
Name of Federal Candidate ALEX SINK Support
Office Sought: House District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29
Disbursement For: Other (specify)

(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 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 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City
Tallahassee State
FL Zip Code
32301
Purpose of Expenditure
In-Kind Staff Category/
Type 004
Name of Federal Candidate
ALEX SINK Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Date of Public Distribution/Dissemination
02 / 24 / 2014
Amount
432.98
Transaction ID : D520637
Date of Disbursement or Obligation
02 / 24 / 2014
Office Sought: House District: 13
State: FL
Disbursement For: Other (specify)

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City
Tallahassee State
FL Zip Code
32301
Purpose of Expenditure
In-Kind Staff Category/
Type 004
Name of Federal Candidate
DAVID W. JOLLY Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Date of Public Distribution/Dissemination
02 / 24 / 2014
Amount
144.32
Transaction ID : D520817
Date of Disbursement or Obligation
02 / 24 / 2014
Office Sought: House District: 13
State: FL
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 577.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler
[Electronically Filed]
Date 04 / 10 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City
Tallahassee
State
FL
Zip Code
32301
Date of Public Distribution/Dissemination
02 / 25 / 2014
Amount
277.30
Transaction ID : D520647
Date of Disbursement or Obligation
02 / 25 / 2014
Purpose of Expenditure
In-Kind Staff
Category/Type
004
Name of Federal Candidate
ALEX SINK
Support
Office Sought: House
District: 13
State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29
Disbursement For: 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
City
Washington
State
DC
Zip Code
20006
Date of Public Distribution/Dissemination
02 / 26 / 2014
Amount
34.29
Transaction ID : D520745
Date of Disbursement or Obligation
02 / 26 / 2014
Purpose of Expenditure
In-Kind Phone Banking Equipment
Category/Type
004
Name of Federal Candidate
ALEX SINK
Support
Office Sought: House
District: 13
State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 311.59
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
International Union of Painters and Allied Trades Political Action Together Political Comm
Mailing Address
1750 New York Avenue, NW
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
In-Kind Phone Banking Equipment Category/Type
004

Date of Public Distribution/Dissemination
02 / 26 / 2014
Amount
11.42
Transaction ID : D520746
Date of Disbursement or Obligation
02 / 26 / 2014

Name of Federal Candidate
DAVID W. JOLLY
Support
Oppose
Office Sought:
House District: 13
President Senate State: FL

Disbursement For:
Primary General
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
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
In-Kind Phone Banking Equipment Shipping Category/Type
004

Date of Public Distribution/Dissemination
02 / 26 / 2014
Amount
122.27
Transaction ID : D520749
Date of Disbursement or Obligation
02 / 26 / 2014

Name of Federal Candidate
ALEX SINK
Support
Oppose
Office Sought:
House District: 13
President Senate State: FL

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 133.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
International Union of Painters and Allied Trades Political Action Together Political Comm
Mailing Address
1750 New York Avenue, NW
City
Washington State
DC Zip Code
20006
Date of Public Distribution/Dissemination
02 / 26 / 2014
Amount
40.76
Transaction ID : D520750
Date of Disbursement or Obligation
02 / 26 / 2014
Purpose of Expenditure
In-Kind Phone Banking Equipment Shipping Category/Type
004
Name of Federal Candidate
DAVID W. JOLLY Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City
Tallahassee State
FL Zip Code
32301
Date of Public Distribution/Dissemination
02 / 26 / 2014
Amount
682.35
Transaction ID : D520818
Date of Disbursement or Obligation
02 / 26 / 2014
Purpose of Expenditure
In-Kind Staff Category/Type
004
Name of Federal Candidate
ALEX SINK Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 723.11
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler
[Electronically Filed]
Date
04 / 10 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 26 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 227.45
City State Zip Code Tallahassee FL 32301	Transaction ID : D520819 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 522.98
City State Zip Code Tallahassee FL 32301	Transaction ID : D520918 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 27 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	750.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 174.32
City State Zip Code Tallahassee FL 32301	Transaction ID : D520919 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 27 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee West Central Florida Federation of Labor	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2014
Mailing Address P. O. Box 76108	Amount 3150.00
City State Zip Code Tampa FL 33675-1108	Transaction ID : D520921 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 27 / 2014
Purpose of Expenditure In Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3324.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee West Central Florida Federation of Labor	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 27 / 2014
Mailing Address P. O. Box 76108	Amount 1050.00
City State Zip Code Tampa FL 33675-1108	Transaction ID : D520932 Date of Disbursement or Obligation MM / DD / YYYY 02 / 27 / 2014
Purpose of Expenditure In Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

36422.29

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2014
Mailing Address 815 - 16th Street, NW	Amount 48.00
City State Zip Code Washington DC 20006	Transaction ID : D519973 Date of Disbursement or Obligation MM / DD / YYYY 02 / 28 / 2014
Purpose of Expenditure Reimburse Walk Product	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

36422.29

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1098.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ Date **04 / 10 / 2014**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 15 / 2014
Mailing Address 815 - 16th Street, NW	Amount 99.99 59.56
City Washington State DC Zip Code 20006	Transaction ID : D520196 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 28 / 2014
Purpose of Expenditure Reimburse Walk Product	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 99.99 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 22 / 2014
Mailing Address 815 - 16th Street, NW	Amount 99.99 29.51
City Washington State DC Zip Code 20006	Transaction ID : D520740 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 28 / 2014
Purpose of Expenditure Reimburse Walk Product	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 99.99 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.99 89.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	99.99
(c) TOTAL Independent Expenditures.....▶	99.99

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 277.30
City State Zip Code Tallahassee FL 32301	Transaction ID : D520967 Date of Disbursement or Obligation M M / D D / Y Y Y Y 02 / 28 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee Mosaic	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 4801 Viewpoint Place	Amount 450.00
City State Zip Code Cheverly MD 20781	Transaction ID : D520920 Date of Disbursement or Obligation M M / D D / Y Y Y Y 03 / 01 / 2014
Purpose of Expenditure Fliers	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	727.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ Date M M / D D / Y Y Y Y 04 / 10 / 2014

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER C C00484287
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount <input type="text"/>
City Tallahassee	State FL	Zip Code 32301
Purpose of Expenditure In-Kind Staff		Transaction ID : D520939
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶
		<input type="text"/>

Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount <input type="text"/>
City Tallahassee	State FL	Zip Code 32301
Purpose of Expenditure In-Kind Staff		Transaction ID : D520940
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶
		<input type="text"/>

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 02 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 277.30
City State Zip Code Tallahassee FL 32301	Transaction ID : D521129 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 02 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 03 / 2014
Mailing Address 1750 New York Avenue, NW	Amount 34.29
City State Zip Code Washington DC 20006	Transaction ID : D521126 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 03 / 2014
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	311.59
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ Date M M / D D / Y Y Y Y Y Y 04 / 10 / 2014

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / 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 M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1750 New York Avenue, NW	Amount 11.42
City State Zip Code Washington DC 20006	Transaction ID : D521127 Date of Disbursement or Obligation M M / D D / Y Y Y Y 03 / 03 / 2014
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 635.48
City State Zip Code Tallahassee FL 32301	Transaction ID : D521131 Date of Disbursement or Obligation M M / D D / Y Y Y Y 03 / 03 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	646.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City State Zip Code
Tallahassee FL 32301
Purpose of Expenditure
In-Kind Staff
Category/Type
004

Date of Public Distribution/Dissemination
03 / 03 / 2014
Amount
211.82
Transaction ID : D521132
Date of Disbursement or Obligation
03 / 03 / 2014

Name of Federal Candidate
DAVID W. JOLLY
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City State Zip Code
Tallahassee FL 32301
Purpose of Expenditure
In-Kind Staff
Category/Type
004

Date of Public Distribution/Dissemination
03 / 04 / 2014
Amount
646.72
Transaction ID : D521137
Date of Disbursement or Obligation
03 / 04 / 2014

Name of Federal Candidate
ALEX SINK
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 858.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 04 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 215.58
City State Zip Code Tallahassee FL 32301	Transaction ID : D521138 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 04 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 04 / 2014
Mailing Address 1750 New York Avenue, NW	Amount 34.29
City State Zip Code Washington DC 20006	Transaction ID : D521158 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 04 / 2014
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	249.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 04 / 2014
Mailing Address 1750 New York Avenue, NW	Amount 11.42
City State Zip Code Washington DC 20006	Transaction ID : D521159 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 04 / 2014
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 05 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 607.35
City State Zip Code Tallahassee FL 32301	Transaction ID : D521228 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 05 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	618.77
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City
Tallahassee
State
FL
Zip Code
32301
Date of Public Distribution/Dissemination
03 / 05 / 2014
Amount
202.45
Transaction ID : D521229
Date of Disbursement or Obligation
03 / 05 / 2014
Purpose of Expenditure
In-Kind Staff
Category/Type
004
Name of Federal Candidate
DAVID W. JOLLY
Support
Oppose
Office Sought:
House
District: 13
State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29
Disbursement For:
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
City
Washington
State
DC
Zip Code
20006
Date of Public Distribution/Dissemination
03 / 05 / 2014
Amount
34.29
Transaction ID : D521232
Date of Disbursement or Obligation
03 / 05 / 2014
Purpose of Expenditure
In-Kind Phone Banking Equipment
Category/Type
004
Name of Federal Candidate
ALEX SINK
Support
Oppose
Office Sought:
House
District: 13
State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29
Disbursement For:
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 236.74
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler
[Electronically Filed]
Date
04 / 10 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 05 / 2014
Mailing Address 1750 New York Avenue, NW	Amount 11.42
City State Zip Code Washington DC 20006	Transaction ID : D521233 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 05 / 2014
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 534.22
City State Zip Code Tallahassee FL 32301	Transaction ID : D521238 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	545.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 202.45
City State Zip Code Tallahassee FL 32301	Transaction ID : D521239 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Mailing Address 1750 New York Avenue, NW	Amount 34.29
City State Zip Code Washington DC 20006	Transaction ID : D521245 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	236.74
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / 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 M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1750 New York Avenue, NW	Amount 11.42
City Washington State DC Zip Code 20006	Transaction ID : D521246 Date of Disbursement or Obligation M M / D D / Y Y Y Y 03 / 06 / 2014
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 387.97
City Tallahassee State FL Zip Code 32301	Transaction ID : D521340 Date of Disbursement or Obligation M M / D D / Y Y Y Y 03 / 07 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	399.39
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City State Zip Code
Tallahassee FL 32301
Purpose of Expenditure
In-Kind Staff
Category/Type
004

Date of Public Distribution/Dissemination
03 / 08 / 2014
Amount
260.57
Transaction ID : D521338
Date of Disbursement or Obligation
03 / 08 / 2014

Name of Federal Candidate
DAVID W. JOLLY
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City State Zip Code
Tallahassee FL 32301
Purpose of Expenditure
In-Kind Staff
Category/Type
004

Date of Public Distribution/Dissemination
03 / 09 / 2014
Amount
1017.97
Transaction ID : D521384
Date of Disbursement or Obligation
03 / 09 / 2014

Name of Federal Candidate
ALEX SINK
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1278.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City State Zip Code
Tallahassee FL 32301
Purpose of Expenditure
In-Kind Staff
Category/Type
004

Date of Public Distribution/Dissemination
03 / 09 / 2014
Amount
339.32
Transaction ID : D521385
Date of Disbursement or Obligation
03 / 09 / 2014

Name of Federal Candidate
DAVID W. JOLLY
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City State Zip Code
Tallahassee FL 32301
Purpose of Expenditure
In-Kind Staff
Category/Type
004

Date of Public Distribution/Dissemination
03 / 10 / 2014
Amount
1574.85
Transaction ID : D521766
Date of Disbursement or Obligation
03 / 10 / 2014

Name of Federal Candidate
ALEX SINK
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1914.17
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City State Zip Code
Tallahassee FL 32301
Purpose of Expenditure
In-Kind Staff
Category/Type
004

Date of Public Distribution/Dissemination
03 / 10 / 2014
Amount
524.95
Transaction ID : D521767
Date of Disbursement or Obligation
03 / 10 / 2014

Name of Federal Candidate
DAVID W. JOLLY
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
AFL-CIO
Mailing Address
815 - 16th Street, NW
City State Zip Code
Washington DC 20006
Purpose of Expenditure
Reimburse Auto Dialer Phones
Category/Type
004

Date of Public Distribution/Dissemination
03 / 10 / 2014
Amount
318.75
Transaction ID : D521768
Date of Disbursement or Obligation
03 / 10 / 2014

Name of Federal Candidate
ALEX SINK
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 843.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 815 - 16th Street, NW	Amount 106.94
City State Zip Code Washington DC 20006	Transaction ID : D521769 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Purpose of Expenditure Reimburse Auto Dialer Phones	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 1750 New York Avenue, NW	Amount 34.29
City State Zip Code Washington DC 20006	Transaction ID : D521770 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	141.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 1750 New York Avenue, NW	Amount 11.42
City State Zip Code Washington DC 20006	Transaction ID : D521771 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 11 / 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street	Amount 1276.72
City State Zip Code Tallahassee FL 32301	Transaction ID : D521781 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 11 / 2014
Purpose of Expenditure In-Kind Staff	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1288.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Florida AFL-CIO
Mailing Address
c/o Mike Williams
135 S. Monroe Street
City State Zip Code
Tallahassee FL 32301
Purpose of Expenditure
In-Kind Staff
Category/Type
004

Date of Public Distribution/Dissemination
03 / 11 / 2014
Amount
395.57
Transaction ID : D521783
Date of Disbursement or Obligation
03 / 11 / 2014

Name of Federal Candidate
DAVID W. JOLLY
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
AFL-CIO
Mailing Address
815 - 16th Street, NW
City State Zip Code
Washington DC 20006
Purpose of Expenditure
Reimburse Auto Dialer Phones
Category/Type
004

Date of Public Distribution/Dissemination
02 / 26 / 2014
Amount
81.47
Transaction ID : D520828
Date of Disbursement or Obligation
03 / 19 / 2014

Name of Federal Candidate
ALEX SINK
Support Oppose
Office Sought: House District: 13
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 477.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 26 / 2014
Mailing Address 815 - 16th Street, NW	Amount 27.16
City Washington State DC Zip Code 20006	Transaction ID : D520829 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 19 / 2014
Purpose of Expenditure Reimburse Auto Dialer Phones Category/Type 004	Name of Federal Candidate DAVID W. JOLLY <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2014
Mailing Address 815 - 16th Street, NW	Amount 23.22
City Washington State DC Zip Code 20006	Transaction ID : D520531 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure Reimburse Walk Product Category/Type 004	Name of Federal Candidate ALEX SINK <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50.38
(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 M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2014
Mailing Address 815 - 16th Street, NW	Amount 17.66
City Washington State DC Zip Code 20006	Transaction ID : D520827 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure Reimburse Walk Product	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 01 / 2014
Mailing Address 815 - 16th Street, NW	Amount 47.74
City Washington State DC Zip Code 20006	Transaction ID : D520936 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure Reimburse Walk Product	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 10 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
AFL-CIO
Mailing Address
815 - 16th Street, NW
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
Reimburse Auto Dialer Phones
Category/Type
004
Date of Public Distribution/Dissemination
03 / 03 / 2014
Amount
18.92
Transaction ID : D521124
Date of Disbursement or Obligation
03 / 21 / 2014
Name of Federal Candidate
ALEX SINK
Support
Office Sought: House District: 13
State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29
Disbursement For: Other (specify)

Full Name of Payee
AFL-CIO
Mailing Address
815 - 16th Street, NW
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
Reimburse Auto Dialer Phones
Category/Type
004
Date of Public Distribution/Dissemination
03 / 03 / 2014
Amount
6.30
Transaction ID : D521125
Date of Disbursement or Obligation
03 / 21 / 2014
Name of Federal Candidate
DAVID W. JOLLY
Oppose
Office Sought: House District: 13
State: FL
Calendar Year-To-Date
Per Election for Office Sought
36422.29
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 25.22
(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 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
AFL-CIO
Mailing Address
815 - 16th Street, NW
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
Reimburse Auto Dialer Phones
Category/Type
004
Date of Public Distribution/Dissemination
03 / 04 / 2014
Amount
113.37
Transaction ID : D521156
Date of Disbursement or Obligation
03 / 21 / 2014
Name of Federal Candidate
ALEX SINK
Support
Office Sought: House District: 13
State: FL
Disbursement For: Other (specify)

Full Name of Payee
AFL-CIO
Mailing Address
815 - 16th Street, NW
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
Reimburse Auto Dialer Phones
Category/Type
004
Date of Public Distribution/Dissemination
03 / 04 / 2014
Amount
37.79
Transaction ID : D521157
Date of Disbursement or Obligation
03 / 21 / 2014
Name of Federal Candidate
DAVID W. JOLLY
Oppose
Office Sought: House District: 13
State: FL
Disbursement For: 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 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 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Mailing Address 507 N. Sylvania Avenue	Amount 1250.00
City State Zip Code Fort Worth TX 76111	Transaction ID : D521199 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure GOTV Calls	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Mailing Address 507 N. Sylvania Avenue	Amount 3750.00
City State Zip Code Fort Worth TX 76111	Transaction ID : D521203 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure GOTV Calls	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Workers' Voice
FEC IDENTIFICATION NUMBER
C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
AFL-CIO
Mailing Address
815 - 16th Street, NW
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
Reimburse Auto Dialer Phones
Category/Type
004
Date of Public Distribution/Dissemination
03 / 05 / 2014
Amount
150.23
Transaction ID : D521230
Date of Disbursement or Obligation
03 / 21 / 2014
Name of Federal Candidate
ALEX SINK
Support
Office Sought: House District: 13
State: FL
Disbursement For: Other (specify)

Full Name of Payee
AFL-CIO
Mailing Address
815 - 16th Street, NW
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
Reimburse Auto Dialer Phones
Category/Type
004
Date of Public Distribution/Dissemination
03 / 05 / 2014
Amount
50.08
Transaction ID : D521231
Date of Disbursement or Obligation
03 / 21 / 2014
Name of Federal Candidate
DAVID W. JOLLY
Oppose
Office Sought: House District: 13
State: FL
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 200.31
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Mailing Address 815 - 16th Street, NW	Amount 204.83
City Washington State DC Zip Code 20006	Transaction ID : D521241 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure Reimburse Auto Dialer Phones	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 06 / 2014
Mailing Address 815 - 16th Street, NW	Amount 68.27
City Washington State DC Zip Code 20006	Transaction ID : D521243 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure Reimburse Auto Dialer Phones	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	273.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 08 / 2014
Mailing Address 815 - 16th Street, NW	Amount 99999999 59.02
City Washington State DC Zip Code 20006	Transaction ID : D521339 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure Reimburse Walk Product	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought 99999999 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 09 / 2014
Mailing Address 815 - 16th Street, NW	Amount 99999999 153.04
City Washington State DC Zip Code 20006	Transaction ID : D521672 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure Reimburse Walk Product	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought 99999999 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99999999 212.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	99999999
(c) TOTAL Independent Expenditures..... ▶	99999999

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 10 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 507 N. Sylvania Avenue	Amount 9999.99 4972.50
City State Zip Code Fort Worth TX 76111	Transaction ID : D521772 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure GOTV Calls	Category/Type 004
Name of Federal Candidate ALEX SINK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 9999.99 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 507 N. Sylvania Avenue	Amount 9999.99 1657.51
City State Zip Code Fort Worth TX 76111	Transaction ID : D521773 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 21 / 2014
Purpose of Expenditure GOTV Calls	Category/Type 004
Name of Federal Candidate DAVID W. JOLLY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 9999.99 36422.29	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9999.99 6630.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	9999.99
(c) TOTAL Independent Expenditures..... ▶	9999.99 36422.29

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 10 / 2014