

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

OPEIU JB Moss Voice of the Electorate (VOTE)

ADDRESS (number and street)

80 Eighth Avenue, Suite 610

☐Check if different  
than previously  
reported. (ACC)

New York

NY

10011

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00007898

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  
Quarterly 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 (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

06

30

2011

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

Mary Mahoney

Signature of Treasurer

Electronically Filed by Mary Mahoney

Date

07

15

2011

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OPEIU JB Moss Voice of the Electorate (VOTE)

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 1 1

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2011</span>		433215.51
(b) Cash on Hand at Beginning of Reporting Period .....	433215.51	
(c) Total Receipts (from Line 19) .....	118033.96	118033.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	551249.47	551249.47
7. Total Disbursements (from Line 31) .....	46081.90	46081.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	505167.57	505167.57
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OPEIU JB Moss Voice of the Electorate (VOTE)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

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) .....	42115.09	42115.09
(ii) Unitemized .....	75471.30	75471.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	117586.39	117586.39
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	117586.39	117586.39
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.) .....	447.57	447.57
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 Transfer (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)) .....	118033.96	118033.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	118033.96	118033.96

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	3050.00	3050.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3050.00	3050.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43000.00	43000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 .....	4048.00	4048.00
(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)) .....	4048.00	4048.00
29. Other Disbursements.....	-4016.10	-4016.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	46081.90	46081.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46081.90	46081.90

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) .....	117586.39	117586.39
34. Total Contribution Refunds (from Line 28(d)) .....	4048.00	4048.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	113538.39	113538.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3050.00	3050.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3050.00	3050.00

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

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

FOR LINE NUMBER: PAGE 6 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

JOHN AKERS

Mailing Address 6901 W 138TH TER #418

City

OVERLAND PARK

State

KS

Zip Code

66223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935352

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN AKERS

Mailing Address 6901 W 138TH TER #418

City

OVERLAND PARK

State

KS

Zip Code

66223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935353

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN AKERS

Mailing Address 6901 W 138TH TER #418

City

OVERLAND PARK

State

KS

Zip Code

66223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935354

Amount of Each Receipt this Period

100.00

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

300.00

**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 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

RICHARD ALTIG

Mailing Address 15440 BEL-RED RD

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

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

Transaction ID: C3935615

Amount of Each Receipt this Period

416.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD ALTIG

Mailing Address 15440 BEL-RED RD

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

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

Transaction ID: C3935616

Amount of Each Receipt this Period

416.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD ALTIG

Mailing Address 15440 BEL-RED RD

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

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

Transaction ID: C3935617

Amount of Each Receipt this Period

416.00

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

1248.00

**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 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

LUIS ALVAREZ

Mailing Address 15440 BEL-RED RD

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

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

Transaction ID: C3935618

Amount of Each Receipt this Period

416.00

**B.**

Full Name (Last, First, Middle Initial)

SIMON ARIAS

Mailing Address 224 STOCKTON RIDGE

City

CRANBERRY TOWNSHIP

State

PA

Zip Code

16606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935359

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SIMON ARIAS

Mailing Address 224 STOCKTON RIDGE

City

CRANBERRY TOWNSHIP

State

PA

Zip Code

16606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935360

Amount of Each Receipt this Period

100.00

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

616.00

**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 9 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

SIMON ARIAS

Mailing Address 224 STOCKTON RIDGE

City

CRANBERRY TOWNSHIP

State

PA

Zip Code

16606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935361

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES BAILEY

Mailing Address 200 NE TOPAZ DR

City

LEES SUMMIT

State

MO

Zip Code

64086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935363

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES BAILEY

Mailing Address 200 NE TOPAZ DR

City

LEES SUMMIT

State

MO

Zip Code

64086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935364

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

JAMES BAILEY

Mailing Address 200 NE TOPAZ DR

City

LEES SUMMIT

State

MO

Zip Code

64086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935365

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City

Raleigh

State

NC

Zip Code

27614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3926866

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City

Raleigh

State

NC

Zip Code

27614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3926868

Amount of Each Receipt this Period

100.00

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

300.00

**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 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City

Raleigh

State

NC

Zip Code

27614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3926870

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City

APPLETON

State

WI

Zip Code

54911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935369

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City

APPLETON

State

WI

Zip Code

54911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935370

Amount of Each Receipt this Period

100.00

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

300.00

**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 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City

APPLETON

State

WI

Zip Code

54911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935371

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

ERIC COCHRAN

Mailing Address 1301 SE PRINCETON PL

City

LEES SUMMIT

State

MO

Zip Code

64081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935376

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC COCHRAN

Mailing Address 1301 SE PRINCETON PL

City

LEES SUMMIT

State

MO

Zip Code

64081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935377

Amount of Each Receipt this Period

100.00

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

300.00

**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 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

ERIC COCHRAN

Mailing Address 1301 SE PRINCETON PL

City

LEES SUMMIT

State

MO

Zip Code

64081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935378

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City

Los Angeles

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3927268

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City

Los Angeles

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3927270

Amount of Each Receipt this Period

150.00

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

400.00

**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 14 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City

Los Angeles

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3927272

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City

LOS ANGELES

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935524

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City

LOS ANGELES

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935526

Amount of Each Receipt this Period

150.00

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

450.00

**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 15 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City

LOS ANGELES

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935528

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City

LOS ANGELES

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935530

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

DEMARIO COOPER

Mailing Address 630 CALVERT ST #205

City

CHARLOTTE

State

NC

Zip Code

28208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3935309

Amount of Each Receipt this Period

80.00

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

380.00

**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 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

DEMARIO COOPER

Mailing Address 630 CALVERT ST #205

City

CHARLOTTE

State

NC

Zip Code

28208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3935311

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

DEMARIO COOPER

Mailing Address 630 CALVERT ST #205

City

CHARLOTTE

State

NC

Zip Code

28208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3935313

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

NARINDER DHILLON

Mailing Address 6339 MACADAM WAY

City

DIMONDALE

State

MI

Zip Code

48821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: C3935380

Amount of Each Receipt this Period

8.00

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

168.00

**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 17 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

NARINDER DHILLON

Mailing Address 6339 MACADAM WAY

City

DIMONDALE

State

MI

Zip Code

48821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: C3935381

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

NARINDER DHILLON

Mailing Address 6339 MACADAM WAY

City

DIMONDALE

State

MI

Zip Code

48821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: C3935382

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN DiCHIARO

Mailing Address 3337 GRENACHE ST

City

GREELEY

State

CO

Zip Code

80634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3926887

Amount of Each Receipt this Period

300.00

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

500.00

**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 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

STEVEN DiCHIARO

Mailing Address 3337 GRENACHE ST

City

GREELEY

State

CO

Zip Code

80634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3926889

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN DiCHIARO

Mailing Address 3337 GRENACHE ST

City

GREELEY

State

CO

Zip Code

80634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3926891

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

JASON DICKSON

Mailing Address 3337 GRENACHE ST

City

EVANS

State

CO

Zip Code

80634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935588

Amount of Each Receipt this Period

300.00

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

900.00

**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 19 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Oldham durhon

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Income Life

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: C3935625

Amount of Each Receipt this Period

1600.00

**B.**

Full Name (Last, First, Middle Initial)

LAURA FISHER

Mailing Address 44 BLACK BEAR DR #1228

City

WALTHAM

State

MA

Zip Code

02451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935399

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

LAURA FISHER

Mailing Address 44 BLACK BEAR DR #1228

City

WALTHAM

State

MA

Zip Code

02451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935401

Amount of Each Receipt this Period

100.00

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

1800.00

**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 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

LAURA FISHER

Mailing Address 44 BLACK BEAR DR #1228

City

WALTHAM

State

MA

Zip Code

02451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935403

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

BENJAMIN FOTI

Mailing Address 4533 WATERFORD WAY

City

OAKLEY

State

CA

Zip Code

94561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935550

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

BENJAMIN FOTI

Mailing Address 4533 WATERFORD WAY

City

OAKLEY

State

CA

Zip Code

94561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935552

Amount of Each Receipt this Period

200.00

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

500.00

**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 21 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

BENJAMIN FOTI

Mailing Address 4533 WATERFORD WAY

City

OAKLEY

State

CA

Zip Code

94561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935554

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3927344

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3927346

Amount of Each Receipt this Period

200.00

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

600.00

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 22 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3927348

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

CINDY FURER

Mailing Address 5703 OBERLIN DR SUITE 106

City

SAN DIEGO

State

CA

Zip Code

92121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3935534

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

CINDY FURER

Mailing Address 5703 OBERLIN DR SUITE 106

City

SAN DIEGO

State

CA

Zip Code

92121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3935536

Amount of Each Receipt this Period

150.00

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

500.00

**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 23 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

CINDY FURER

Mailing Address 5703 OBERLIN DR SUITE 106

City

SAN DIEGO

State

CA

Zip Code

92121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3935538

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

ERIC GIGLIONE

Mailing Address 38 WINDSOR LN

City

LITTLE SILVER

State

NJ

Zip Code

07739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C3935606

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC GIGLIONE

Mailing Address 38 WINDSOR LN

City

LITTLE SILVER

State

NJ

Zip Code

07739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C3935607

Amount of Each Receipt this Period

400.00

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

950.00

**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 24 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

ERIC GIGLIONE

Mailing Address 38 WINDSOR LN

City

LITTLE SILVER

State

NJ

Zip Code

07739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C3935608

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

SARA GILLEY

Mailing Address 38 WINDSOR LN

City

LITTLE SILVER

State

NJ

Zip Code

07739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C3935609

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Carl Michael Goodwin

Mailing Address 54 E Pierrepont Ave

City

Rutherford

State

NJ

Zip Code

07070-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: C3701940

Amount of Each Receipt this Period

100.00

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

900.00

**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 25 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Carl Michael Goodwin

Mailing Address 54 E Pierrepont Ave

City

Rutherford

State

NJ

Zip Code

07070-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3827917

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Carl Michael Goodwin

Mailing Address 54 E Pierrepont Ave

City

Rutherford

State

NJ

Zip Code

07070-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: C3906236

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Carl Michael Goodwin

Mailing Address 54 E Pierrepont Ave

City

Rutherford

State

NJ

Zip Code

07070-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3936837

Amount of Each Receipt this Period

150.00

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

350.00

**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 26 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

MARK GORMAN

Mailing Address 4337 SWEET CLOVER LN

City

CROWLEY

State

TX

Zip Code

76036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935407

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MARK GORMAN

Mailing Address 4337 SWEET CLOVER LN

City

CROWLEY

State

TX

Zip Code

76036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935408

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MARK GORMAN

Mailing Address 4337 SWEET CLOVER LN

City

CROWLEY

State

TX

Zip Code

76036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935409

Amount of Each Receipt this Period

100.00

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

300.00

**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 27 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

ARTHUR GREENE

Mailing Address 1837 SQUIRREL VALLEY DR

City

BLOOMFIELD

State

MI

Zip Code

48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935411

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

ARTHUR GREENE

Mailing Address 1837 SQUIRREL VALLEY DR

City

BLOOMFIELD

State

MI

Zip Code

48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935412

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

ARTHUR GREENE

Mailing Address 1837 SQUIRREL VALLEY DR

City

BLOOMFIELD

State

MI

Zip Code

48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935413

Amount of Each Receipt this Period

100.00

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

300.00

**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 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Steven Greer

Mailing Address 43 Nocturne Woods PI

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN INCOME LIFE INSU-  
RANCE

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3927149

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Greer

Mailing Address 43 Nocturne Woods PI

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN INCOME LIFE INSU-  
RANCE

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3927150

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Greer

Mailing Address 43 Nocturne Woods PI

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN INCOME LIFE INSU-  
RANCE

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3927151

Amount of Each Receipt this Period

300.00

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

900.00

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 29 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

THEODORE GREER

Mailing Address 43 NOCTURNE WOODS PL

City

THE WOODLANDS

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935590

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

FREDERICK HADAYIA

Mailing Address 101 IRON VALLEY DR

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

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

Transaction ID: C3935591

Amount of Each Receipt this Period

4.00

**C.**

Full Name (Last, First, Middle Initial)

FREDERICK HADAYIA

Mailing Address 101 IRON VALLEY DR

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

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

Transaction ID: C3935592

Amount of Each Receipt this Period

300.00

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

604.00

**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 30 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Frederick Hadayia Jr

Mailing Address 101 IRON VALLEY DR

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3926914

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Frederick Hadayia Jr

Mailing Address 101 IRON VALLEY DR

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3926915

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

ALVIN HAGENS

Mailing Address 101 IRON VALLEY DR

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935593

Amount of Each Receipt this Period

300.00

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

900.00

**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 31 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Mark Hancock

Mailing Address 12546 WALNUT RIDGE PL

City

FISHERS

State

IN

Zip Code

46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INCOME LIFE INS.  
CO.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3926815

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Hancock

Mailing Address 12546 WALNUT RIDGE PL

City

FISHERS

State

IN

Zip Code

46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INCOME LIFE INS.  
CO.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3926816

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Hancock

Mailing Address 12546 WALNUT RIDGE PL

City

FISHERS

State

IN

Zip Code

46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INCOME LIFE INS.  
CO.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3926817

Amount of Each Receipt this Period

300.00

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

900.00

**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 32 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM HAND

Mailing Address 12546 WALNUT RIDGE PL

City

FISHERS

State

IN

Zip Code

46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935594

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

STEVE HARTMAN

Mailing Address 8228 S HOMESTEAD LANE

City

TEMPE

State

AZ

Zip Code

85284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3935595

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

STEVE HARTMAN

Mailing Address 8228 S HOMESTEAD LANE

City

TEMPE

State

AZ

Zip Code

85284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3935596

Amount of Each Receipt this Period

300.00

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

900.00

**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 33 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

STEVE HARTMAN

Mailing Address 8228 S HOMESTEAD LANE

City

TEMPE

State

AZ

Zip Code

85284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3935597

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

DANIEL HARTWIG

Mailing Address 8228 S HOMESTEAD LANE

City

TEMPE

State

AZ

Zip Code

85284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935598

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Rob Hay

Mailing Address 4405 COX RD STE 110

City

GLEN ALLEN

State

VA

Zip Code

23060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C3927261

Amount of Each Receipt this Period

250.00

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

850.00

**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 34 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Rob Hay

Mailing Address 4405 COX RD STE 110

City

GLEN ALLEN

State

VA

Zip Code

23060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C3927262

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rob Hay

Mailing Address 4405 COX RD STE 110

City

GLEN ALLEN

State

VA

Zip Code

23060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C3927263

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIE HAYDEN

Mailing Address 4405 COX RD STE 110

City

GLEN ALLEN

State

VA

Zip Code

23060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C3935583

Amount of Each Receipt this Period

250.00

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

750.00

**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 35 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City

Hixson

State

TN

Zip Code

37343-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: C3675745

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City

Hixson

State

TN

Zip Code

37343-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C3697235

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City

Hixson

State

TN

Zip Code

37343-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: C3701942

Amount of Each Receipt this Period

40.00

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

120.00

**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 36 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City

Hixson

State

TN

Zip Code

37343-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: C3827919

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City

Hixson

State

TN

Zip Code

37343-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: C3906238

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City

Hixson

State

TN

Zip Code

37343-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: C3936839

Amount of Each Receipt this Period

60.00

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

140.00

**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 37 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

MATT HENDERSON

Mailing Address 1235 SNUG HARBOR DR

City

CASSELBERRY

State

FL

Zip Code

32707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C3935584

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MATT HENDERSON

Mailing Address 1235 SNUG HARBOR DR

City

CASSELBERRY

State

FL

Zip Code

32707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C3935585

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MATT HENDERSON

Mailing Address 1235 SNUG HARBOR DR

City

CASSELBERRY

State

FL

Zip Code

32707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C3935586

Amount of Each Receipt this Period

250.00

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

750.00

**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 38 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

SHANNON HENDERSON

Mailing Address 1235 SNUG HARBOR DR

City

CASSELBERRY

State

FL

Zip Code

32707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C3935587

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Hernandez

Mailing Address 3003 Douglas Ave #17

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927258

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Hernandez

Mailing Address 3003 Douglas Ave #17

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927259

Amount of Each Receipt this Period

100.00

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

450.00

**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 39 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Christopher Hernandez

Mailing Address 3003 Douglas Ave #17

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927260

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW HOGAN

Mailing Address 1701B ELLINGTON RD

City

CONYERS

State

GA

Zip Code

30013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935419

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW HOGAN

Mailing Address 1701B ELLINGTON RD

City

CONYERS

State

GA

Zip Code

30013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935420

Amount of Each Receipt this Period

100.00

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

300.00

**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 40 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW HOGAN

Mailing Address 1701B ELLINGTON RD

City

CONYERS

State

GA

Zip Code

30013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935421

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Jatoft

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3926830

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

John Jatoft

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3926832

Amount of Each Receipt this Period

200.00

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

500.00

**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 41 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

John Jatoft

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City State Zip Code  
CONCORD CA 94520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3926834

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

HORACE JOHNSON

Mailing Address 12435 BLACK WATER CT

City State Zip Code  
JACKSONVILLE FL 32223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

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

Transaction ID: C3927051

Amount of Each Receipt this Period

108.00

**C.**

Full Name (Last, First, Middle Initial)

HORACE JOHNSON

Mailing Address 12435 BLACK WATER CT

City State Zip Code  
JACKSONVILLE FL 32223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

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

Transaction ID: C3927052

Amount of Each Receipt this Period

100.00

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

408.00

**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 42 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

HORACE JOHNSON

Mailing Address 12435 BLACK WATER CT

City

JACKSONVILLE

State

FL

Zip Code

32223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

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

Transaction ID: C3927053

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

SCOTT KEENEY

Mailing Address 7D SCHOOL COURT

City

BRISTOL

State

RI

Zip Code

02809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C3935562

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT KEENEY

Mailing Address 7D SCHOOL COURT

City

BRISTOL

State

RI

Zip Code

02809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C3935564

Amount of Each Receipt this Period

200.00

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

500.00

**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 43 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Wlper St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: C3666848

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Wlper St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: C3697062

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Wlper St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C3701738

Amount of Each Receipt this Period

40.00

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

130.00

**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 44 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Wlper St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: C3828479

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Wlper St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 1 1

Transaction ID: C3901737

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Wlper St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: C3936825

Amount of Each Receipt this Period

50.00

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

140.00

**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 45 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

STEVEN KING

Mailing Address 24324 LYNWOOD DR

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927108

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN KING

Mailing Address 24324 LYNWOOD DR

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927109

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN KING

Mailing Address 24324 LYNWOOD DR

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927110

Amount of Each Receipt this Period

100.00

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

300.00

**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 46 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. &amp; Field Service

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C3675757

Amount of Each Receipt this Period

76.92

**B.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. &amp; Field Service

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: C3697223

Amount of Each Receipt this Period

76.92

**C.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. &amp; Field Service

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	1

Transaction ID: C3701955

Amount of Each Receipt this Period

76.92

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

230.76

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 47 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. & Field Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C3827931

Amount of Each Receipt this Period

76.92

**B.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. & Field Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: C3906254

Amount of Each Receipt this Period

76.92

**C.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. & Field Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C3937069

Amount of Each Receipt this Period

115.38

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

269.22

**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 48 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

SAMUEL LASALA

Mailing Address 221 TIMBERLINE DR

City

MADISON

State

MS

Zip Code

39110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935433

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

SAMUEL LASALA

Mailing Address 221 TIMBERLINE DR

City

MADISON

State

MS

Zip Code

39110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935434

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SAMUEL LASALA

Mailing Address 221 TIMBERLINE DR

City

MADISON

State

MS

Zip Code

39110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935435

Amount of Each Receipt this Period

100.00

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

300.00

**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 49 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL LIBASSI

Mailing Address 2532 BANE BERRY LN #713

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935437

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL LIBASSI

Mailing Address 2532 BANE BERRY LN #713

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935438

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL LIBASSI

Mailing Address 2532 BANE BERRY LN #713

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935439

Amount of Each Receipt this Period

100.00

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

300.00

**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 50 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT LILES

Mailing Address 6762 S. 73RD CIR

City

RALSTON

State

NE

Zip Code

68127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935441

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT LILES

Mailing Address 6762 S. 73RD CIR

City

RALSTON

State

NE

Zip Code

68127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935442

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT LILES

Mailing Address 6762 S. 73RD CIR

City

RALSTON

State

NE

Zip Code

68127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935443

Amount of Each Receipt this Period

100.00

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

300.00

**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 51 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH MANONE

Mailing Address N89 W15883 MAIN ST

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3935599

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH MANONE

Mailing Address N89 W15883 MAIN ST

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3935600

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH MANONE

Mailing Address N89 W15883 MAIN ST

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3935601

Amount of Each Receipt this Period

300.00

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

900.00

**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 52 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Sharon Manone

Mailing Address N89 W15883 MAIN ST

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life Insu-  
rance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: C3927264

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Sharon Manone

Mailing Address N89 W15883 MAIN ST

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life Insu-  
rance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: C3927265

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Sharon Manone

Mailing Address N89 W15883 MAIN ST

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life Insu-  
rance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: C3927266

Amount of Each Receipt this Period

5.00

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

310.00

**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 53 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Sharon Manone

Mailing Address N89 W15883 MAIN ST

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life Insu-  
rance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: C3927267

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Rosen Marc E

Mailing Address 96 Rivington Ave

City

Staten Island

State

NY

Zip Code

10314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Income Life

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C3935621

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY MATTESON

Mailing Address 13319 S 21ST ST

City

BIXBY

State

OK

Zip Code

74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935445

Amount of Each Receipt this Period

100.00

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

1305.00

**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 54 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY MATTESON

Mailing Address 13319 S 21ST ST

City

BIXBY

State

OK

Zip Code

74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935447

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY MATTESON

Mailing Address 13319 S 21ST ST

City

BIXBY

State

OK

Zip Code

74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935449

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Tim R McAdams

Mailing Address 3645 MARKETPLACE BLVD #130-298

City

EAST POINT

State

GA

Zip Code

30344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927350

Amount of Each Receipt this Period

100.00

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

300.00

**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 55 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Tim R McAdams

Mailing Address 3645 MARKETPLACE BLVD #130-298

City

EAST POINT

State

GA

Zip Code

30344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927351

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Tim R McAdams

Mailing Address 3645 MARKETPLACE BLVD #130-298

City

EAST POINT

State

GA

Zip Code

30344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927352

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MATHEW MEALEY

Mailing Address 425 BEACHFRONT DR

City

EVANSVILLE

State

IN

Zip Code

47715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935454

Amount of Each Receipt this Period

100.00

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

300.00

**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 56 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

MATHEW MEALEY

Mailing Address 425 BEACHFRONT DR

City

EVANSVILLE

State

IN

Zip Code

47715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935455

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MATHEW MEALEY

Mailing Address 425 BEACHFRONT DR

City

EVANSVILLE

State

IN

Zip Code

47715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935456

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Carla Miller

Mailing Address 751 JACOBS MILL POND RD #814

City

ELGIN

State

SC

Zip Code

29045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927249

Amount of Each Receipt this Period

100.00

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

300.00

**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 57 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Carla Miller

Mailing Address 751 JACOBS MILL POND RD #814

City

ELGIN

State

SC

Zip Code

29045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927250

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Carla Miller

Mailing Address 751 JACOBS MILL POND RD #814

City

ELGIN

State

SC

Zip Code

29045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927251

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC NEAL

Mailing Address 1355 WOODSIDE DR

City

ARNOLD

State

MO

Zip Code

63010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3935602

Amount of Each Receipt this Period

300.00

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

500.00

**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 58 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

ERIC NEAL

Mailing Address 1355 WOODSIDE DR

City

ARNOLD

State

MO

Zip Code

63010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3935603

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

ERIC NEAL

Mailing Address 1355 WOODSIDE DR

City

ARNOLD

State

MO

Zip Code

63010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C3935604

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

ROGER NEAL

Mailing Address 1355 WOODSIDE DR

City

ARNOLD

State

MO

Zip Code

63010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935605

Amount of Each Receipt this Period

300.00

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

900.00

**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 59 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT OLSON

Mailing Address 26561 W HIGHLAND DR

City

CHANNAHON

State

IL

Zip Code

60410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C3935610

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT OLSON JR

Mailing Address 26561 W HIGHLAND DR

City

CHANNAHON

State

IL

Zip Code

60410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: C3935611

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT OLSON JR

Mailing Address 26561 W HIGHLAND DR

City

CHANNAHON

State

IL

Zip Code

60410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: C3935612

Amount of Each Receipt this Period

400.00

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

1200.00

**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 60 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

STEVEN OLWIN

Mailing Address 26561 W HIGHLAND DR

City

CHANNAHON

State

IL

Zip Code

60410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C3935613

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Sheila Peacock

Mailing Address 1810 Buckingham Dr

City

Pasadena

State

TX

Zip Code

77504-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Intl Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C3675747

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Sheila Peacock

Mailing Address 1810 Buckingham Dr

City

Pasadena

State

TX

Zip Code

77504-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Intl Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C3697238

Amount of Each Receipt this Period

38.46

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

476.92

**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 61 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Sheila Peacock

Mailing Address 1810 Buckingham Dr

City

Pasadena

State

TX

Zip Code

77504-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation  
Intl Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: C3701944

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Sheila Peacock

Mailing Address 1810 Buckingham Dr

City

Pasadena

State

TX

Zip Code

77504-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation  
Intl Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C3827920

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Sheila Peacock

Mailing Address 1810 Buckingham Dr

City

Pasadena

State

TX

Zip Code

77504-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation  
Intl Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: C3906239

Amount of Each Receipt this Period

38.46

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

115.38

**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 62 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Sheila Peacock

Mailing Address 1810 Buckingham Dr

City

Pasadena

State

TX

Zip Code

77504-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation  
Intl Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C3936840

Amount of Each Receipt this Period

57.69

**B.**

Full Name (Last, First, Middle Initial)

FRANCISCO PEREZ

Mailing Address 180 WATERMAN AVE APT 423

City

NORTH PROVIDENCE

State

RI

Zip Code

02911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935473

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

FRANCISCO PEREZ

Mailing Address 180 WATERMAN AVE APT 423

City

NORTH PROVIDENCE

State

RI

Zip Code

02911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935475

Amount of Each Receipt this Period

100.00

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

257.69

**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 63 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

FRANCISCO PEREZ

Mailing Address 180 WATERMAN AVE APT 423

City

NORTH PROVIDENCE

State

RI

Zip Code

02911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935477

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City

NEWARK

State

NJ

Zip Code

07105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935485

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City

NEWARK

State

NJ

Zip Code

07105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935486

Amount of Each Receipt this Period

100.00

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

300.00

**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 64 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City

NEWARK

State

NJ

Zip Code

07105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935487

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Priloh

Mailing Address 303 Diamond Ave

City

Brownsville

State

PA

Zip Code

15417-8645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Vice President/Int'l Rep.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C3697243

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3935319

Amount of Each Receipt this Period

80.00

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

430.00

**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 65 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

SCOTT REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3935321

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

SCOTT REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3935323

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

President/Business Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: C3666847

Amount of Each Receipt this Period

50.00

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

210.00

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 66 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

President/Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: C3697061

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

President/Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C3701734

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

President/Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: C3828473

Amount of Each Receipt this Period

50.00

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

130.00

**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 67 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

President/Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 1 1

Transaction ID: C3901733

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

President/Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: C3936824

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City

OAKLAND TOWNSHIP

State

MI

Zip Code

48363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3927013

Amount of Each Receipt this Period

400.00

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

490.00

**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 68 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City

OAKLAND TOWNSHIP

State

MI

Zip Code

48363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3927014

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City

OAKLAND TOWNSHIP

State

MI

Zip Code

48363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3927015

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL RUNDLETT

Mailing Address 3570 MAGNOLIA CT

City

OAKLAND TOWNSHIP

State

MI

Zip Code

48363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C3935614

Amount of Each Receipt this Period

400.00

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

1200.00

**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 69 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Lloyd Sabrina N

Mailing Address 14 HARBOR HILL RD

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Income Life

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: C3935623

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address PO Box 14841

City

Oakland

State

CA

Zip Code

94614-0841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: C3666854

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address PO Box 14841

City

Oakland

State

CA

Zip Code

94614-0841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: C3697068

Amount of Each Receipt this Period

40.00

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

1290.00

**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 70 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address PO Box 14841

City

Oakland

State

CA

Zip Code

94614-0841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C3701736

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address PO Box 14841

City

Oakland

State

CA

Zip Code

94614-0841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: C3828477

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address PO Box 14841

City

Oakland

State

CA

Zip Code

94614-0841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 1 1

Transaction ID: C3901735

Amount of Each Receipt this Period

40.00

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

130.00

**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 71 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address PO Box 14841

City

Oakland

State

CA

Zip Code

94614-0841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: C3936831

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Aaron Sanders

Mailing Address 464 Grandwoods Dr

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Local 512

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C3697247

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT SHAFER

Mailing Address 102 ROSE GARDEN LN

City

GOODLETTSVILLE

State

TN

Zip Code

37072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935489

Amount of Each Receipt this Period

100.00

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

400.00

**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 72 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT SHAFER

Mailing Address 102 ROSE GARDEN LN

City

GOODLETTSVILLE

State

TN

Zip Code

37072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935490

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT SHAFER

Mailing Address 102 ROSE GARDEN LN

City

GOODLETTSVILLE

State

TN

Zip Code

37072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935491

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Donna Shaffer

Mailing Address 17609 N 8th Ave

City

Phoenix

State

AZ

Zip Code

85023-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

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

Transaction ID: C3675748

Amount of Each Receipt this Period

38.48

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

238.48

**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 73 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Donna Shaffer

Mailing Address 17609 N 8th Ave

City

Phoenix

State

AZ

Zip Code

85023-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C3697239

Amount of Each Receipt this Period

38.48

**B.**

Full Name (Last, First, Middle Initial)

Donna Shaffer

Mailing Address 17609 N 8th Ave

City

Phoenix

State

AZ

Zip Code

85023-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: C3701946

Amount of Each Receipt this Period

38.48

**C.**

Full Name (Last, First, Middle Initial)

Donna Shaffer

Mailing Address 17609 N 8th Ave

City

Phoenix

State

AZ

Zip Code

85023-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

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

Transaction ID: C3827921

Amount of Each Receipt this Period

38.48

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

115.44

**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 74 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Donna Shaffer

Mailing Address 17609 N 8th Ave

City

Phoenix

State

AZ

Zip Code

85023-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: C3906241

Amount of Each Receipt this Period

38.48

**B.**

Full Name (Last, First, Middle Initial)

Donna Shaffer

Mailing Address 17609 N 8th Ave

City

Phoenix

State

AZ

Zip Code

85023-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

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

Transaction ID: C3936841

Amount of Each Receipt this Period

57.72

**C.**

Full Name (Last, First, Middle Initial)

BETH SNOW

Mailing Address 4313 WHITEHOOF WAY

City

ANTIOCH

State

CA

Zip Code

94531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

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

Transaction ID: C3935327

Amount of Each Receipt this Period

2.00

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

98.20

**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 75 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

BETH SNOW

Mailing Address 4313 WHITEHOOF WAY

City

ANTIOCH

State

CA

Zip Code

94531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

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

Transaction ID: C3935329

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

BETH SNOW

Mailing Address 4313 WHITEHOOF WAY

City

ANTIOCH

State

CA

Zip Code

94531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

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

Transaction ID: C3935331

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

BETH SNOW

Mailing Address 4313 WHITEHOOF WAY

City

ANTIOCH

State

CA

Zip Code

94531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

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

Transaction ID: C3935333

Amount of Each Receipt this Period

80.00

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

240.00

**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 76 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

CURT SNOW

Mailing Address 827 BUCKINGHAM PLACE

City

DANVILLE

State

CA

Zip Code

94506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3935337

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

CURT SNOW

Mailing Address 827 BUCKINGHAM PLACE

City

DANVILLE

State

CA

Zip Code

94506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3935339

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

CURT SNOW

Mailing Address 827 BUCKINGHAM PLACE

City

DANVILLE

State

CA

Zip Code

94506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3935341

Amount of Each Receipt this Period

80.00

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

240.00

**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 77 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

SCOTT SONNENBERG

Mailing Address 236 LEAF LN

City

ALABASTER

State

AL

Zip Code

35007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935494

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

SCOTT SONNENBERG

Mailing Address 236 LEAF LN

City

ALABASTER

State

AL

Zip Code

35007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935495

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT SONNENBERG

Mailing Address 236 LEAF LN

City

ALABASTER

State

AL

Zip Code

35007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935496

Amount of Each Receipt this Period

100.00

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

300.00

**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 78 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

RYAN STENGLEIN

Mailing Address 12631 E IMPERIAL HWY STE F132

City

SANTA FE SPRINGS

State

CA

Zip Code

90670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935498

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

RYAN STENGLEIN

Mailing Address 12631 E IMPERIAL HWY STE F132

City

SANTA FE SPRINGS

State

CA

Zip Code

90670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935500

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

RYAN STENGLEIN

Mailing Address 12631 E IMPERIAL HWY STE F132

City

SANTA FE SPRINGS

State

CA

Zip Code

90670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935502

Amount of Each Receipt this Period

100.00

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

300.00

**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 79 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Christopher Stephens

Mailing Address 1466 SANTA TERESA DR

City

PITTSBURG

State

CA

Zip Code

94565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life Insu-  
rance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3927215

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Stephens

Mailing Address 1466 SANTA TERESA DR

City

PITTSBURG

State

CA

Zip Code

94565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life Insu-  
rance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3927217

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Stephens

Mailing Address 1466 SANTA TERESA DR

City

PITTSBURG

State

CA

Zip Code

94565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life Insu-  
rance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: C3927219

Amount of Each Receipt this Period

80.00

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

240.00

**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 80 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

James Surace

Mailing Address 12301 RIDGE RD

City

CLEVELAND

State

OH

Zip Code

44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

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

Transaction ID: C3927395

Amount of Each Receipt this Period

416.00

**B.**

Full Name (Last, First, Middle Initial)

James Surace

Mailing Address 12301 RIDGE RD

City

CLEVELAND

State

OH

Zip Code

44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

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

Transaction ID: C3927397

Amount of Each Receipt this Period

416.00

**C.**

Full Name (Last, First, Middle Initial)

James Surace

Mailing Address 12301 RIDGE RD

City

CLEVELAND

State

OH

Zip Code

44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

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

Transaction ID: C3927399

Amount of Each Receipt this Period

416.00

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

1248.00

**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 81 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

JOHN SURPRENANT

Mailing Address 12301 RIDGE RD

City

CLEVELAND

State

OH

Zip Code

44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

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

Transaction ID: C3935619

Amount of Each Receipt this Period

416.00

**B.**

Full Name (Last, First, Middle Initial)

RANDY TEYSSIER

Mailing Address 2716 NW 171ST ST

City

EDMOND

State

OK

Zip Code

73012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935567

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

RANDY TEYSSIER

Mailing Address 2716 NW 171ST ST

City

EDMOND

State

OK

Zip Code

73012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935569

Amount of Each Receipt this Period

200.00

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

816.00

**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 82 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

RANDY TEYSSIER

Mailing Address 2716 NW 171ST ST

City

EDMOND

State

OK

Zip Code

73012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935571

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFERY THIEL

Mailing Address 1125 CHARTER OAK PKWY

City

CREVE COEUR

State

MO

Zip Code

63146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935508

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFERY THIEL

Mailing Address 1125 CHARTER OAK PKWY

City

CREVE COEUR

State

MO

Zip Code

63146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935509

Amount of Each Receipt this Period

100.00

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

400.00

**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 83 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

JEFFERY THIEL

Mailing Address 1125 CHARTER OAK PKWY

City

CREVE COEUR

State

MO

Zip Code

63146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935510

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Becky Turner

Mailing Address 704 ROYAL VIEW CT

City

WEATHERFORD

State

TX

Zip Code

76086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 277

Occupation

President/Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C3697249

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DUSTIN VENEKAMP

Mailing Address 1004 DIVISION ST #301

City

BILLINGS

State

MT

Zip Code

59101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935512

Amount of Each Receipt this Period

100.00

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

450.00

**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 84 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

DUSTIN VENEKAMP

Mailing Address 1004 DIVISION ST #301

City

BILLINGS

State

MT

Zip Code

59101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935513

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DUSTIN VENEKAMP

Mailing Address 1004 DIVISION ST #301

City

BILLINGS

State

MT

Zip Code

59101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935514

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

RODNEY WARD

Mailing Address 18944 EMIT RD

City

BROWNSTOWN

State

MI

Zip Code

48192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927004

Amount of Each Receipt this Period

100.00

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

300.00

**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 85 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

RODNEY WARD

Mailing Address 18944 EMIT RD

City

BROWNSTOWN

State

MI

Zip Code

48192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927005

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

RODNEY WARD

Mailing Address 18944 EMIT RD

City

BROWNSTOWN

State

MI

Zip Code

48192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3927006

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jacqueline K White-Brown

Mailing Address 128 W Olive Ave

City

Monrovia

State

CA

Zip Code

91016-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU LOCAL 537

Occupation

Sec.Treas./Bus. Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C3674918

Amount of Each Receipt this Period

40.00

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

240.00

**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 86 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Jacqueline K White-Brown

Mailing Address 128 W Olive Ave

City

Monrovia

State

CA

Zip Code

91016-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU LOCAL 537

Occupation

Sec. Treas./Bus. Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: C3697102

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Jacqueline K White-Brown

Mailing Address 128 W Olive Ave

City

Monrovia

State

CA

Zip Code

91016-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU LOCAL 537

Occupation

Sec. Treas./Bus. Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: C3827838

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Jacqueline K White-Brown

Mailing Address 128 W Olive Ave

City

Monrovia

State

CA

Zip Code

91016-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU LOCAL 537

Occupation

Sec. Treas./Bus. Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 1 1

Transaction ID: C3906288

Amount of Each Receipt this Period

60.00

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

150.00

**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 87 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Jacqueline K White-Brown

Mailing Address 128 W Olive Ave

City

Monrovia

State

CA

Zip Code

91016-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU LOCAL 537

Occupation

Sec. Treas./Bus. Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: C3938775

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City

SAN DIEGO

State

CA

Zip Code

92121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3935542

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City

SAN DIEGO

State

CA

Zip Code

92121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3935544

Amount of Each Receipt this Period

150.00

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

340.00

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 88 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City

SAN DIEGO

State

CA

Zip Code

92121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C3935546

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

CYNTHIA WILHELMI

Mailing Address 2912 S LOUISE AVE #105

City

SIOUX FALLS

State

SD

Zip Code

57106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935517

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA WILHELMI

Mailing Address 2912 S LOUISE AVE #105

City

SIOUX FALLS

State

SD

Zip Code

57106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935518

Amount of Each Receipt this Period

100.00

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

350.00

**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 89 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA WILHELMI

Mailing Address 2912 S LOUISE AVE #105

City

SIOUX FALLS

State

SD

Zip Code

57106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3935519

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935575

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935576

Amount of Each Receipt this Period

200.00

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

500.00

**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 90 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935577

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935579

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935580

Amount of Each Receipt this Period

200.00

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

600.00

**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 91 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

DAVID ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C3935581

Amount of Each Receipt this Period

200.00

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

200.00

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

42115.09

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

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

FOR LINE NUMBER: PAGE 92 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Capitol One Bank

Mailing Address PO Box 1296

City

Laurel

State

MD

Zip Code

20707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.99

Date of Receipt

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

Transaction ID: C3675912

Amount of Each Receipt this Period

51.15

**B.**

Full Name (Last, First, Middle Initial)

Capitol One Bank

Mailing Address PO Box 1296

City

Laurel

State

MD

Zip Code

20707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.99

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C3878777

Amount of Each Receipt this Period

188.84

**C.**

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C3675911

Amount of Each Receipt this Period

30.50

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

270.49

**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 93 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)  
CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: C3878775

Amount of Each Receipt this Period

34.36

**B.**

Full Name (Last, First, Middle Initial)  
CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: C3887520

Amount of Each Receipt this Period

32.82

**C.**

Full Name (Last, First, Middle Initial)  
CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

Transaction ID: C3914640

Amount of Each Receipt this Period

35.20

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

102.38

**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 94 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.58

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: C3914641

Amount of Each Receipt this Period

32.82

**B.**

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.58

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C3940857

Amount of Each Receipt this Period

30.24

**C.**

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.58

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C3940878

Amount of Each Receipt this Period

5.32

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

68.38

**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 95 / 110

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" 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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

207.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: C3941016

Amount of Each Receipt this Period

6.32

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

6.32

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

447.57

# **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)

PAGE 96 / 110

<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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Calibre Cpa Group PLLC

Mailing Address 1850 K Street NW, Suite 1050

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Administrative/Accounting Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D245871

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2011

Amount of Each Disbursement this Period

3000.00

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

3000.00

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

3000.00



# **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)

PAGE 97 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.** Full Name (Last, First, Middle Initial)  
Barney Frank for Congress Committee

Mailing Address PO Box 260

City Newtonville State MA Zip Code 02460

Purpose of Disbursement  
MA - 4 - General

Candidate Name  
Barney Frank

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 04

Transaction ID: D232610

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

-5000.00

**B.** Full Name (Last, First, Middle Initial)  
Barney Frank for Congress Committee

Mailing Address PO Box 260

City Newtonville State MA Zip Code 02460

Purpose of Disbursement  
MA - 4 - General

Candidate Name  
Barney Frank

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 04

Transaction ID: D232611

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Berkley For Senate

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Senate NV 01

Candidate Name  
Shelley Berkley

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: D243778

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

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

PAGE 98 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
2011 Membership Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼  
State: District: 2011 Membership Cont

Transaction ID: D564

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

15000.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2011 Membership Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2011 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: D243843

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

15000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF SHERROD BROWNMailing Address 2280 KRESGE DRIVE  
Suite 800

City AMHERST State OH Zip Code 44001

Purpose of Disbursement  
US Senate, OHCandidate Name  
Sherrod Brown011  
Category/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: OH District: 00

Transaction ID: D156

Date of Disbursement

01 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

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

31000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 110

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Jerry McNerney

Mailing Address 6520 Village Parkway  
2nd Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
CA - 11 General

Candidate Name  
Jerry McNerney

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: D242851

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Kathy Hochul for Congress

Mailing Address 4521 Copperfield Drive

City Hamburg State NY Zip Code 14075

Purpose of Disbursement  
NY 26 Primary

Candidate Name  
Kathy Hochul

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: D243224

Date of Disbursement

05 / 18 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mark DeSaulnier

Mailing Address PO Box 6066

City Concord State CA Zip Code 94524

Purpose of Disbursement  
State Senate - CA

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D535

Date of Disbursement

01 / 21 / 2011

Amount of Each Disbursement this Period

1500.00

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

4500.00

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

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

PAGE 100 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Martha Coakley

Mailing Address 529 Main Street

City Charlestown State MA Zip Code 02129

Purpose of Disbursement  
The Martha Coakley for Senate CommitteeCandidate Name  
Martha Coakley011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Transaction ID: D238951

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Amount of Each Disbursement this Period

-5000.00

**B.**

Full Name (Last, First, Middle Initial)

Nick Rahall

Mailing Address P O BOX 64

City BECKLEY State WV Zip Code 25802

Purpose of Disbursement  
3rd District - WVCandidate Name  
NICK JOE II RAHALL011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 03

Transaction ID: D242864

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

STEVE ROTHMAN FOR NEW JERSEY INC.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement  
Congress 9th District-NJCandidate Name  
Steve Rothman011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 09

Transaction ID: D238945

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 110

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

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

NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

A.

Full Name (Last, First, Middle Initial)

Tim Bishop For Congress

Mailing Address PO Box 437

City  
Farmingville

State  
NY

Zip Code  
11738

Purpose of Disbursement  
House of Representatives NY (1)

Candidate Name  
Tim Bishop

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: D244102

Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10605 Concord St

City  
Kensington

State  
MD

Zip Code  
20895-2504

Purpose of Disbursement  
MD 8 General

Candidate Name  
Chris Van Hollen

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: D223618

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10605 Concord St

City  
Kensington

State  
MD

Zip Code  
20895-2504

Purpose of Disbursement  
MD 8 General

Candidate Name  
Chris Van Hollen

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: D232613

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

-1000.00

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

1500.00

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

43000.00

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

PAGE 102 / 110

<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 checked="" 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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

RICK ALTIG Jr

Mailing Address 15440 BEL-RED RD

City  
REDMONDState  
WAZip Code  
98052Purpose of Disbursement  
Donor Refund 2010 Cycle

Candidate Name

010

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Donor Refund 2010 Cy

Transaction ID: D232618

Date of Disbursement

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

Amount of Each Disbursement this Period

824.00

**B.**

Full Name (Last, First, Middle Initial)

Eric Giglione

Mailing Address 38 WINDSOR LN

City  
LITTLE SILVERState  
NJZip Code  
07739Purpose of Disbursement  
Donor Refund 2010 Cycle

Candidate Name

010

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D232614

Date of Disbursement

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

Amount of Each Disbursement this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

DURHON RENAH R OLDHAM

Mailing Address 1995 HARRIS RD

City  
PENFIELDState  
NYZip Code  
14526Purpose of Disbursement  
Donor Refund 2010 Cycle

Candidate Name

010

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Donor Refund 2010 Cy

Transaction ID: D232616

Date of Disbursement

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

Amount of Each Disbursement this Period

600.00

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

2024.00

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

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

PAGE 103 / 110

<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 checked="" 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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT OLSON, Jr

**Transaction ID:** D232619

Date of Disbursement

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

Mailing Address 26561 W HIGHLAND DR

Amount of Each Disbursement this Period

City CHANNAHON State IL Zip Code 60410

600.00

Purpose of Disbursement  
Donor Refund 2010 Cycle

010

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Donor Refund 2010 Cy

**B.**

Full Name (Last, First, Middle Initial)

Paul D Rumbuc

**Transaction ID:** D232615

Date of Disbursement

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

Mailing Address 3570 MAGNOLOIA CT

Amount of Each Disbursement this Period

City OAKLAND TOWNSHIP State MI Zip Code 48363

600.00

Purpose of Disbursement  
Donor Refund 2010 Cycle

010

Category/  
Type

Candidate Name

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

State: District:

**C.**

Full Name (Last, First, Middle Initial)

James Surace

**Transaction ID:** D232617

Date of Disbursement

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

Mailing Address 12301 RIDGE RD

Amount of Each Disbursement this Period

City CLEVELAND State OH Zip Code 44133

824.00

Purpose of Disbursement  
Donor Refund 2010 Cycle

010

Category/  
Type

Candidate Name

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

State: District:

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

2024.00

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

4048.00

# **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)

PAGE 104 / 110

<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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

A.

Full Name (Last, First, Middle Initial)

Brown for Governor 2010

Mailing Address 291 3rd St

City  
Oakland

State  
CA

Zip Code  
94607-4337

Purpose of Disbursement  
CA General

011

Category/  
Type

Candidate Name  
Jerry Brown

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: D238952

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

-9000.00

B.

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
ACH Debit - JB MOSS VOTE ACCOUNT

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D242490

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

63.95

C.

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
ACH Debit - JB MOSS VOTE ACCOUNT

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D242789

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

39.00

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

-8897.05

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)

PAGE 105 / 110

<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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

A.

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
ACH Debit - JB MOSS VOTE ACCOUNT

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D243225

Date of Disbursement

04 / 30 / 2011

Amount of Each Disbursement this Period

39.00

B.

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
Service Charge-NY

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D243648

Date of Disbursement

02 / 08 / 2011

Amount of Each Disbursement this Period

19.00

C.

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
Service Charge-NY

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D245874

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

19.00

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

77.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 110

<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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

A.

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
Service Charge-NY

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D245875

Date of Disbursement

05 / 08 / 2011

Amount of Each Disbursement this Period

19.00

B.

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
ACH Debit - JB MOSS VOTE ACCOUNT

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D245877

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

20.00

C.

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
ACH Debit - JB MOSS VOTE ACCOUNT

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D245878

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

25.95

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

64.95

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

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

PAGE 107 / 110

<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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
WashingtonState  
DCZip Code  
20004Purpose of Disbursement  
Service Charge-NY

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D232607

Date of Disbursement

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

Amount of Each Disbursement this Period

19.00

**B.**

Full Name (Last, First, Middle Initial)

CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City  
WashingtonState  
DCZip Code  
20004Purpose of Disbursement  
ACH Debit - JB MOSS VOTE ACCOUNT

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D232609

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Amount of Each Disbursement this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Clint Zweifel

Mailing Address 2781 Red Cedar Parc Drive, 5

City  
O'FallonState  
MOZip Code  
63368Purpose of Disbursement  
MO - TreasurerCandidate Name  
Clint Zweifel

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District:

Transaction ID: D242866

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

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

2539.00

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

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

PAGE 108 / 110

<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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Committee to Elect Deval Patrick

Mailing Address 56 Roland Street  
Suite 100D

City Boston State MA Zip Code 02129

Purpose of Disbursement  
Governor - MA

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D245879

Date of Disbursement

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John T. Mahoney

Mailing Address 8 Whiting Street

City Plymouth State MA Zip Code 02360

Purpose of Disbursement  
Plymouth Board of Selectman - MACandidate Name  
John T Mahoney011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D238947

Date of Disbursement

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

Amount of Each Disbursement this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hugh Cameron

Mailing Address 74 Woodland Road

City Wrentham State MA Zip Code 02093

Purpose of Disbursement  
MA-Senator StatewideCandidate Name  
Hugh Cameron011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D232601

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Amount of Each Disbursement this Period

200.00

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

750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 110

<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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

A.

Full Name (Last, First, Middle Initial)

Ken Donnelly

Mailing Address 12 Grandview Road

City  
Arlington

State  
MA

Zip Code  
02476

Purpose of Disbursement  
MA-State Senator

Candidate Name  
Ken Donnelly

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Transaction ID: D232604

Date of Disbursement

03 / 01 / 2011

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Martin Walsh

Mailing Address 138 West Third Street

City  
South Boston

State  
MA

Zip Code  
02127

Purpose of Disbursement  
MA-State Representative

Candidate Name  
Martin Walsh

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District:

Transaction ID: D244100

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

The Committee to Elect Brian A. Joyce

Mailing Address 776 R Washington Street

City  
Canton

State  
MA

Zip Code  
02021

Purpose of Disbursement  
Senator - MA

Candidate Name  
Brian Joyce

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Transaction ID: D245882

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

250.00

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

700.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 110

<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

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)

OPEIU JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)

Murray Terry

Mailing Address PO Box 1803

City  
Plymouth

State  
MA

Zip Code  
02362

Purpose of Disbursement  
State Senator Statewide - MA

011

Category/  
Type

Candidate Name  
Terry Murray

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

**Transaction ID:** D238950

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

The Murphy Committee

Mailing Address P.O.Box 702

City  
Burlington

State  
MA

Zip Code  
01803

Purpose of Disbursement  
State Representative MA

011

Category/  
Type

Candidate Name  
Charles Murphy

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

**Transaction ID:** D233051

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

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

750.00

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

-4016.10