

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="693925.28"/>	<input type="text" value="693925.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="734569.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="86555.91"/>	<input type="text" value="317905.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="821125.09"/>	<input type="text" value="1011830.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="110917.21"/>	<input type="text" value="301622.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="710207.88"/>	<input type="text" value="710207.88"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OPEIU JB Moss Voice of the Electorate (VOTE)

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

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).....	34817.28	107377.64
(ii) Unitemized	46177.15	174811.69
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80994.43	282189.33
(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)	80994.43	282189.33
12. Transfers From Affiliated/Other Party Committees.....	0.00	28521.55
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.....	5500.00	6820.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	61.48	374.31
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	86555.91	317905.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	86555.91	317905.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	8625.00	16175.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8625.00	16175.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	212500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	24.00	1924.00
(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)).....	24.00	1924.00
29. Other Disbursements	53268.21	71023.59
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	110917.21	301622.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110917.21	301622.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	80994.43	282189.33
34. Total Contribution Refunds (from Line 28(d))	24.00	1924.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80970.43	280265.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8625.00	16175.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8625.00	16175.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 115
<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. JASON ADAMO
Full Name (Last, First, Middle Initial)
Mailing Address 101 NE 53RD #2018

City OKLAHOMA CITY	State OK	Zip Code 73105
-----------------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5541761

Amount of Each Receipt this Period

100.00

B. JASON ADAMO
Full Name (Last, First, Middle Initial)
Mailing Address 101 NE 53RD #2018

City OKLAHOMA CITY	State OK	Zip Code 73105
-----------------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5541762

Amount of Each Receipt this Period

100.00

C. JASON ADAMO
Full Name (Last, First, Middle Initial)
Mailing Address 101 NE 53RD #2018

City OKLAHOMA CITY	State OK	Zip Code 73105
-----------------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5541763

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: (check only one)	PAGE 7 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. John R Akers
Full Name (Last, First, Middle Initial)

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 American Income Life Ins.	Occupation Insurance Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5539166

Amount of Each Receipt this Period

100.00

B. John R Akers
Full Name (Last, First, Middle Initial)

Mailing Address 6901 W 138Th Ter #418

City Overland Park	State KS	Zip Code 66223
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5539167

Amount of Each Receipt this Period

100.00

C. John R Akers
Full Name (Last, First, Middle Initial)

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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5539168

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: (check only one)	PAGE 8 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Richard JR Altig
 Full Name (Last, First, Middle Initial)
 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 American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5543634
 Amount of Each Receipt this Period
 416.00

B. Richard JR Altig
 Full Name (Last, First, Middle Initial)
 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 American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5543635
 Amount of Each Receipt this Period
 416.00

C. Richard JR Altig
 Full Name (Last, First, Middle Initial)
 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 American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5543636
 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 9 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Diego R Arangopuerta
 Full Name (Last, First, Middle Initial)
 Mailing Address 7810 Rain Shore
 City San Antonio State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. 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 Y Y
 09 / 25 / 2012
Transaction ID : C5542811
 Amount of Each Receipt this Period
 100.00

B. Diego R Arangopuerta
 Full Name (Last, First, Middle Initial)
 Mailing Address 7810 Rain Shore
 City San Antonio State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. 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 Y Y
 09 / 25 / 2012
Transaction ID : C5542812
 Amount of Each Receipt this Period
 100.00

C. Diego R Arangopuerta
 Full Name (Last, First, Middle Initial)
 Mailing Address 7810 Rain Shore
 City San Antonio State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. 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 Y Y
 09 / 25 / 2012
Transaction ID : C5542813
 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 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Simon A Arias
 Full Name (Last, First, Middle Initial)
 Mailing Address 12330 Perry Highway #100
 City Pittsburgh State PA Zip Code 15090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5541984
 Amount of Each Receipt this Period **100.00**

B. Simon A Arias
 Full Name (Last, First, Middle Initial)
 Mailing Address 12330 Perry Highway #100
 City Pittsburgh State PA Zip Code 15090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5541985
 Amount of Each Receipt this Period **100.00**

C. Malka Arony
 Full Name (Last, First, Middle Initial)
 Mailing Address 3217 E Tonto Ln
 City Phoenix State AZ Zip Code 85050
 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 ▼ **500.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5535763
 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 11 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. Dennis R Arrington

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 09 / 05 / 2012
Transaction ID : C5513904

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. JAMES BAILEY

Mailing Address 1103 N 25TH ST

City OZARK State MO Zip Code 65721

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5540580

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. JAMES BAILEY

Mailing Address 1103 N 25TH ST

City OZARK State MO Zip Code 65721

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5540581

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: (check only one)	PAGE 12 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. JAMES BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 1103 N 25TH ST

City OZARK	State MO	Zip Code 65721
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance	Occupation Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5540582

Amount of Each Receipt this Period

100.00

B. Lena Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
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FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : C5513905

Amount of Each Receipt this Period

50.00

C. Stephen P Bendure
Full Name (Last, First, Middle Initial)

Mailing Address 6100 Baneberry Dr

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5541335

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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: (check only one)	PAGE 13 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Stephen P Bendure
Full Name (Last, First, Middle Initial)
Mailing Address 6100 Baneberry Dr
City Westerville State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2012
Transaction ID : C5541336
Amount of Each Receipt this Period 30.00

B. Stephen P Bendure
Full Name (Last, First, Middle Initial)
Mailing Address 6100 Baneberry Dr
City Westerville State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2012
Transaction ID : C5541337
Amount of Each Receipt this Period 30.00

C. Yaroslav Bitman
Full Name (Last, First, Middle Initial)
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 ▼ 900.00

Date of Receipt 09 / 25 / 2012
Transaction ID : C5540847
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
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 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Yaroslav Bitman
 Full Name (Last, First, Middle Initial)
 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 ▼ 900.00

Date of Receipt 09 / 25 / 2012
Transaction ID : C5540848
 Amount of Each Receipt this Period 100.00

B. Yaroslav Bitman
 Full Name (Last, First, Middle Initial)
 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 ▼ 900.00

Date of Receipt 09 / 25 / 2012
Transaction ID : C5540849
 Amount of Each Receipt this Period 100.00

C. David E Blaisdell
 Full Name (Last, First, Middle Initial)
 Mailing Address 537 Hogan Branch Rd
 City Goodlettsville State TN Zip Code 37072
 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 09 / 25 / 2012
Transaction ID : C5542754
 Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 290.00
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: (check only one)	PAGE 15 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Lisa Blake
Full Name (Last, First, Middle Initial)
Mailing Address 30445 Fox Club Drive

City Farmington Hills	State MI	Zip Code 48331-1953
--------------------------	-------------	------------------------

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

Name of Employer OPEIU Local 42	Occupation President
------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : C5373651

Amount of Each Receipt this Period
24.00

B. Lisa Blake
Full Name (Last, First, Middle Initial)
Mailing Address 30445 Fox Club Drive

City Farmington Hills	State MI	Zip Code 48331-1953
--------------------------	-------------	------------------------

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

Name of Employer OPEIU Local 42	Occupation President
------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

Transaction ID : C5514002

Amount of Each Receipt this Period
24.00

C. Paul Bohelski
Full Name (Last, First, Middle Initial)
Mailing Address 8800 Elbe Trail

City Ft. Worth	State TX	Zip Code 76118
-------------------	-------------	-------------------

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

Name of Employer OPEIU	Occupation Senior Int'l Rep.
---------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : C5513934

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	78.00
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: (check only one)	PAGE 16 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Paul Bohelski
Full Name (Last, First, Middle Initial)

Mailing Address 8800 Elbe Trail

City Ft. Worth State TX Zip Code 76118

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

Name of Employer OPEIU Occupation Senior Int'l Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : C5517743

Amount of Each Receipt this Period
30.00

B. John Brenton IV
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Sec.-Treas.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **937.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : C5513907

Amount of Each Receipt this Period
25.00

C. John Brenton IV
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Sec.-Treas.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **937.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : C5513908

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **155.00**

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 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. Juliet Casey

Mailing Address 1015 Howard Grove Ct

City Davidsonville State MD Zip Code 21035-1246

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

Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
09 / 05 / 2012

Transaction ID : C5513935

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Juliet Casey

Mailing Address 1015 Howard Grove Ct

City Davidsonville State MD Zip Code 21035-1246

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

Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
09 / 14 / 2012

Transaction ID : C5517723

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. SAMANTHA X CHUI

Mailing Address 2327 TALLAPOOSA DR

City DULUTH State GA Zip Code 30097

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
09 / 25 / 2012

Transaction ID : C5538171

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **160.00**

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 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. SAMANTHA X CHUI

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code
DULUTH GA 30097

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

Name of Employer Occupation
National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5538172

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. SAMANTHA X CHUI

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code
DULUTH GA 30097

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

Name of Employer Occupation
National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5538173

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Robert A Chun

Mailing Address Po Box 29329

City State Zip Code
Honolulu HI 96820

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5538296

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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: (check only one)	PAGE 19 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Robert A Chun
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 29329

City Honolulu State HI Zip Code 96820

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 25 / 2012**

Transaction ID : C5538297

Amount of Each Receipt this Period **25.00**

B. Robert A Chun
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 29329

City Honolulu State HI Zip Code 96820

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 25 / 2012**

Transaction ID : C5538298

Amount of Each Receipt this Period **25.00**

C. Timothy D Clark
Full Name (Last, First, Middle Initial)

Mailing Address 861 B'S and K'S Rd

City Galena State OH Zip Code 43021

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 25 / 2012**

Transaction ID : C5541378

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **80.00**

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: (check only one)	PAGE 20 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Timothy D Clark		Date of Receipt MM / DD / YYYY 09 / 25 / 2012 Transaction ID : C5541379
Mailing Address 861 B'S and K'S Rd		Amount of Each Receipt this Period 30.00
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Timothy D Clark		Date of Receipt MM / DD / YYYY 09 / 25 / 2012 Transaction ID : C5541380
Mailing Address 861 B'S and K'S Rd		Amount of Each Receipt this Period 30.00
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Eric L Cochran		Date of Receipt MM / DD / YYYY 09 / 25 / 2012 Transaction ID : C5540603
Mailing Address 1301 Se Princeton Pl		Amount of Each Receipt this Period 100.00
City Lees Summit	State MO	Zip Code 64081
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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: (check only one)	PAGE 21 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Eric L Cochran
Full Name (Last, First, Middle Initial)

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 American Income Life Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5540604

Amount of Each Receipt this Period
100.00

B. Eric L Cochran
Full Name (Last, First, Middle Initial)

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 American Income Life Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5540605

Amount of Each Receipt this Period
100.00

C. David Cohen
Full Name (Last, First, Middle Initial)

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 ▼ **1350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5536348

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: (check only one)	PAGE 22 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. David Cohen
Full Name (Last, First, Middle Initial)

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 ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536349

Amount of Each Receipt this Period
150.00

B. David Cohen
Full Name (Last, First, Middle Initial)

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 ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536350

Amount of Each Receipt this Period
150.00

C. Micah Cohen
Full Name (Last, First, Middle Initial)

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 Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536354

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: (check only one)	PAGE 23 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Micah Cohen
Full Name (Last, First, Middle Initial)
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 Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536355

Amount of Each Receipt this Period
150.00

B. Micah Cohen
Full Name (Last, First, Middle Initial)
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 Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536356

Amount of Each Receipt this Period
150.00

C. BRANDON C COOLEY
Full Name (Last, First, Middle Initial)
Mailing Address 4140 N CENTRAL AVE #600

City PHOENIX	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5535841

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: (check only one)	PAGE 24 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. BRANDON C COOLEY
Full Name (Last, First, Middle Initial)

Mailing Address 4140 N CENTRAL AVE #600

City PHOENIX	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5535842

Amount of Each Receipt this Period

100.00

B. BRANDON C COOLEY
Full Name (Last, First, Middle Initial)

Mailing Address 4140 N CENTRAL AVE #600

City PHOENIX	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5535843

Amount of Each Receipt this Period

100.00

C. Kevin Davis
Full Name (Last, First, Middle Initial)

Mailing Address 15 Morning Breeze Ct

City Silver Springs	State MD	Zip Code 20904
------------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5539818

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: (check only one)	PAGE 25 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Kevin Davis
Full Name (Last, First, Middle Initial)

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5539819

Amount of Each Receipt this Period
100.00

B. Kevin Davis
Full Name (Last, First, Middle Initial)

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5539820

Amount of Each Receipt this Period
100.00

C. Cara A Defiore
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5538651

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: (check only one)	PAGE 26 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Cara A Defiore		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Machesney Park State IL Zip Code 61115		Transaction ID : C5538652
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) B. Cara A Defiore		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Machesney Park State IL Zip Code 61115		Transaction ID : C5538653
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) C. Jason P Dickson		Date of Receipt
Mailing Address 408 Blue Ridge Dr		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Moon Township State PA Zip Code 15108		Transaction ID : C5542146
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Income Life Occupation Insurance Agent		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 27 OF 115
(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. Jason P Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Blue Ridge Dr
 City Moon Township State PA Zip Code 15108
 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 ▼ 225.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5542147
 Amount of Each Receipt this Period
 25.00

B. Jason P Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Blue Ridge Dr
 City Moon Township State PA Zip Code 15108
 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 ▼ 225.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5542148
 Amount of Each Receipt this Period
 25.00

C. Joseph Diecedue Iii
 Full Name (Last, First, Middle Initial)
 Mailing Address 36146 Bluff Meadows Dr
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5539296
 Amount of Each Receipt this Period
 100.00

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: (check only one)	PAGE 28 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Joseph Diecedue Iii
Full Name (Last, First, Middle Initial)
Mailing Address 36146 Bluff Meadows Dr
City Prairieville State LA Zip Code 70769
FEC ID number of contributing federal political committee. **C**
Name of Employer National Income Life Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5539297
Amount of Each Receipt this Period
100.00

B. Joseph Diecedue Iii
Full Name (Last, First, Middle Initial)
Mailing Address 36146 Bluff Meadows Dr
City Prairieville State LA Zip Code 70769
FEC ID number of contributing federal political committee. **C**
Name of Employer National Income Life Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5539298
Amount of Each Receipt this Period
100.00

C. Cindy Diehm
Full Name (Last, First, Middle Initial)
Mailing Address 2222 Bull Street Suite 200
City Savannah State GA Zip Code 31401
FEC ID number of contributing federal political committee. **C**
Name of Employer Local 4873 Occupation Exec. Board
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 845.00

Date of Receipt
09 / 05 / 2012
Transaction ID : C5513912
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: (check only one)	PAGE 29 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Desi Dimitrova			Date of Receipt
Mailing Address 15206 Jupiter St			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5536400
Whittier	CA	90603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Desi Dimitrova			Date of Receipt
Mailing Address 15206 Jupiter St			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5536401
Whittier	CA	90603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Desi Dimitrova			Date of Receipt
Mailing Address 15206 Jupiter St			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5536405
Whittier	CA	90603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Timothy Farr		Date of Receipt MM / DD / YYYY 09 / 25 / 2012 Transaction ID : C5540111
Mailing Address 43107 Ryegate St		Amount of Each Receipt this Period 180.00
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) B. LAURA FISHER		Date of Receipt MM / DD / YYYY 09 / 25 / 2012 Transaction ID : C5539485
Mailing Address 44 BLACK BEAR DR #1228		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. LAURA FISHER		Date of Receipt MM / DD / YYYY 09 / 25 / 2012 Transaction ID : C5539486
Mailing Address 44 BLACK BEAR DR #1228		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 31 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. LAURA FISHER		Date of Receipt 09 / 25 / 2012 Transaction ID : C5539487
Mailing Address 44 BLACK BEAR DR #1228		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Patrica Jean Foley		Date of Receipt 09 / 05 / 2012 Transaction ID : C5513913
Mailing Address 2222 Bull St		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, Local #4873	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) C. Donald Foti		Date of Receipt 09 / 25 / 2012 Transaction ID : C5536476
Mailing Address 4071 Port Chicago Hwy St 200		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Donald Foti
Full Name (Last, First, Middle Initial)

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 ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536477

Amount of Each Receipt this Period
200.00

B. Donald Foti
Full Name (Last, First, Middle Initial)

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 ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536478

Amount of Each Receipt this Period
200.00

C. Susan Fuldauer
Full Name (Last, First, Middle Initial)

Mailing Address 7229 Kingman Cir

City Indianapolis	State IN	Zip Code 46256
----------------------	-------------	-------------------

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 ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538984

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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: (check only one)	PAGE 33 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Cindy Furer
Full Name (Last, First, Middle Initial)
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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536494

Amount of Each Receipt this Period
150.00

B. Cindy Furer
Full Name (Last, First, Middle Initial)
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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536495

Amount of Each Receipt this Period
150.00

C. Cindy Furer
Full Name (Last, First, Middle Initial)
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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536496

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: (check only one)	PAGE 34 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. ERIC GIGLIONE
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
CEATONTOWN NJ 07724

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5541095

Amount of Each Receipt this Period
400.00

B. ERIC GIGLIONE
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
CEATONTOWN NJ 07724

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5541096

Amount of Each Receipt this Period
400.00

C. ERIC GIGLIONE
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
CEATONTOWN NJ 07724

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5541097

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: (check only one)	PAGE 35 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Arthur J Greene
Full Name (Last, First, Middle Initial)
Mailing Address 277 Oak Ridge Dr

City Pontiac	State MI	Zip Code 48341
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5540151

Amount of Each Receipt this Period

100.00

B. Arthur J Greene
Full Name (Last, First, Middle Initial)
Mailing Address 277 Oak Ridge Dr

City Pontiac	State MI	Zip Code 48341
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5540155

Amount of Each Receipt this Period

100.00

C. Arthur J Greene
Full Name (Last, First, Middle Initial)
Mailing Address 277 Oak Ridge Dr

City Pontiac	State MI	Zip Code 48341
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5540156

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: (check only one)	PAGE 36 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Steven K Greer
Full Name (Last, First, Middle Initial)

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 AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543061

Amount of Each Receipt this Period
 300.00

B. Steven K Greer
Full Name (Last, First, Middle Initial)

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 AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543062

Amount of Each Receipt this Period
 300.00

C. Steven K Greer
Full Name (Last, First, Middle Initial)

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 AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543063

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: (check only one)	PAGE 37 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Kelly Gschwend
Full Name (Last, First, Middle Initial)

Mailing Address 621 Sequoia St

City State Zip Code
Brentwood CA 94513

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

Name of Employer Occupation
LOCAL 29 ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 05 / 2012
Transaction ID : **C5513973**

Amount of Each Receipt this Period
50.00

B. RONALD J GURNEY JR
Full Name (Last, First, Middle Initial)

Mailing Address 5 WILDERFIELD CT

City State Zip Code
LUTHERVILLE MD 21093

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

Name of Employer Occupation
National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
09 / 25 / 2012
Transaction ID : **C5539849**

Amount of Each Receipt this Period
100.00

C. RONALD J GURNEY JR
Full Name (Last, First, Middle Initial)

Mailing Address 5 WILDERFIELD CT

City State Zip Code
LUTHERVILLE MD 21093

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

Name of Employer Occupation
National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
09 / 25 / 2012
Transaction ID : **C5539850**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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: (check only one)	PAGE 38 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. RONALD J GURNEY JR
Full Name (Last, First, Middle Initial)

Mailing Address 5 WILDERFIELD CT

City LUTHERVILLE State MD Zip Code 21093

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5539851

Amount of Each Receipt this Period
100.00

B. FREDERICK HADAYIA JR
Full Name (Last, First, Middle Initial)

Mailing Address 1250 GERMANTOWN PIKE #200

City PLYMOUTH MEETING State PA Zip Code 19462

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5542228

Amount of Each Receipt this Period
300.00

C. FREDERICK HADAYIA JR
Full Name (Last, First, Middle Initial)

Mailing Address 1250 GERMANTOWN PIKE #200

City PLYMOUTH MEETING State PA Zip Code 19462

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5542229

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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: (check only one)	PAGE 39 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. FREDERICK HADAYIA JR
Full Name (Last, First, Middle Initial)

Mailing Address 1250 GERMANTOWN PIKE #200

City Plymouth Meeting State PA Zip Code 19462

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 25 / 2012

Transaction ID : C5542230

Amount of Each Receipt this Period 300.00

B. Mark Hancock
Full Name (Last, First, Middle Initial)

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 ▼ 2700.00

Date of Receipt 09 / 25 / 2012

Transaction ID : C5538998

Amount of Each Receipt this Period 300.00

C. Mark Hancock
Full Name (Last, First, Middle Initial)

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 ▼ 2700.00

Date of Receipt 09 / 25 / 2012

Transaction ID : C5538999

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 40 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. 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 ▼
2700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5539000

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. JEREMY P HARBIN

Mailing Address 603 BUOY CT

City CHATHAM State IL Zip Code 62629

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5538710

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. JEREMY P HARBIN

Mailing Address 603 BUOY CT

City CHATHAM State IL Zip Code 62629

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5538711

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 41 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. JEREMY P HARBIN
Full Name (Last, First, Middle Initial)

Mailing Address 603 BUOY CT

City CHATHAM State IL Zip Code 62629

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5538712

Amount of Each Receipt this Period
 100.00

B. David Hausman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 208

City Waco State TX Zip Code 76703

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 M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543085

Amount of Each Receipt this Period
 300.00

C. Rob Hay
Full Name (Last, First, Middle Initial)

Mailing Address 5515 5540 Falmouth St

City Richmond State VA Zip Code 23230

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543558

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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: (check only one)	PAGE 42 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Rob Hay		Date of Receipt
Mailing Address 5515 5540 Falmouth St		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Richmond State VA Zip Code 23230		Transaction ID : C5543559
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Income Life Ins. Occupation Insurance Agent		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2250.00"/>	

Full Name (Last, First, Middle Initial) B. Rob Hay		Date of Receipt
Mailing Address 5515 5540 Falmouth St		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Richmond State VA Zip Code 23230		Transaction ID : C5543560
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Income Life Ins. Occupation Insurance Agent		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2250.00"/>	

Full Name (Last, First, Middle Initial) C. Billie Faye Headrick		Date of Receipt
Mailing Address 3935 Hamill Rd		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Hixson State TN Zip Code 37343-3516		Transaction ID : C5513938
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU Occupation Representative		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="380.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="540.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. 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 ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : C5517739

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. William D Heath

Mailing Address 811 S Pine St

City Champaign State IL Zip Code 61820

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5538717

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. William D Heath

Mailing Address 811 S Pine St

City Champaign State IL Zip Code 61820

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5538718

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: (check only one)	PAGE 44 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. William D Heath
Full Name (Last, First, Middle Initial)

Mailing Address 811 S Pine St

City Champaign State IL Zip Code 61820

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

Name of Employer American Income Life Ins. 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 Y Y
09 / 25 / 2012

Transaction ID : C5538719

Amount of Each Receipt this Period
50.00

B. Gregory H Henderson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 19952

City Birmingham State AL Zip Code 35219

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 ▼ **207.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5535612

Amount of Each Receipt this Period
1.00

C. Gregory H Henderson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 19952

City Birmingham State AL Zip Code 35219

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 ▼ **207.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5535613

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **151.00**

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: (check only one)	PAGE 45 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Gregory H Henderson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 19952

City Birmingham State AL Zip Code 35219

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 ▼ **207.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5535614

Amount of Each Receipt this Period
100.00

B. Matt M Henderson
Full Name (Last, First, Middle Initial)

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 American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5538068

Amount of Each Receipt this Period
250.00

C. Matt M Henderson
Full Name (Last, First, Middle Initial)

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 American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5538069

Amount of Each Receipt this Period
250.00

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 46 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. Matt M Henderson

Mailing Address 1235 Snug Harbor Dr

City State Zip Code
 Casselberry FL 32707

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5538070

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. CHRISTOPHER HERNANDEZ

Mailing Address 1918 E LAFAYETTE PL #608

City State Zip Code
 MILWAUKEE WI 53202

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

Name of Employer Occupation
 National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5543801

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER HERNANDEZ

Mailing Address 1918 E LAFAYETTE PL #608

City State Zip Code
 MILWAUKEE WI 53202

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

Name of Employer Occupation
 National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5543805

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: (check only one)	PAGE 47 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. CHRISTOPHER HERNANDEZ
Full Name (Last, First, Middle Initial)

Mailing Address 1918 E LAFAYETTE PL #608

City MILWAUKEE State WI Zip Code 53202

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5543806

Amount of Each Receipt this Period
100.00

B. Charles H Hill
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

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 ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5536662

Amount of Each Receipt this Period
20.00

C. Charles H Hill
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

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 ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5536663

Amount of Each Receipt this Period
20.00

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: (check only one)	PAGE 48 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Charles H Hill
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City Lodi	State CA	Zip Code 95240
--------------	-------------	-------------------

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 ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536664

Amount of Each Receipt this Period

280.00

B. Charles H Hill
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City Lodi	State CA	Zip Code 95240
--------------	-------------	-------------------

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 ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536665

Amount of Each Receipt this Period

30.00

C. Matthew P Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 1701B Ellington Rd

City Conyers	State GA	Zip Code 30013
-----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538201

Amount of Each Receipt this Period

100.00

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: (check only one)	PAGE 49 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Matthew P Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 1701B Ellington Rd

City Conyers	State GA	Zip Code 30013
-----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538202

Amount of Each Receipt this Period

100.00

B. Matthew P Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 1701B Ellington Rd

City Conyers	State GA	Zip Code 30013
-----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538203

Amount of Each Receipt this Period

100.00

C. MARCUS HOWARD
Full Name (Last, First, Middle Initial)

Mailing Address 526 S D ST

City HAMILTON	State OH	Zip Code 45013
------------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5541524

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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: (check only one)	PAGE 50 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. MARCUS HOWARD		Date of Receipt MM / DD / YYYY 09 / 25 / 2012
Mailing Address 526 S D ST		Transaction ID : C5541525
City HAMILTON	State OH	Zip Code 45013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer National Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. MARCUS HOWARD		Date of Receipt MM / DD / YYYY 09 / 25 / 2012
Mailing Address 526 S D ST		Transaction ID : C5541526
City HAMILTON	State OH	Zip Code 45013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer National Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. DAVID T IRIYE		Date of Receipt MM / DD / YYYY 09 / 25 / 2012
Mailing Address 2813 NE 4TH CT.		Transaction ID : C5543660
City RENTON	State WA	Zip Code 98056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer National Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	85.00
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: (check only one)	PAGE 51 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. DAVID T IRIYE
Full Name (Last, First, Middle Initial)
Mailing Address 2813 NE 4TH CT.
City RENTON State WA Zip Code 98056
FEC ID number of contributing federal political committee. **C**
Name of Employer National Income Life Insurance Occupation Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5543661
Amount of Each Receipt this Period **250.00**

B. DAVID T IRIYE
Full Name (Last, First, Middle Initial)
Mailing Address 2813 NE 4TH CT.
City RENTON State WA Zip Code 98056
FEC ID number of contributing federal political committee. **C**
Name of Employer National Income Life Insurance Occupation Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5543662
Amount of Each Receipt this Period **250.00**

C. John W Jatoft
Full Name (Last, First, Middle Initial)
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 **1800.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5536686
Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **250.00**
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: (check only one)	PAGE 52 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. John W Jatoft
Full Name (Last, First, Middle Initial)

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 ▼
1800.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5536687

Amount of Each Receipt this Period
200.00

B. John W Jatoft
Full Name (Last, First, Middle Initial)

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 ▼
1800.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5536688

Amount of Each Receipt this Period
200.00

C. HORACE W JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 103 STONEWALL CT

City SUMMERVILLE State SC Zip Code 29483

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5542680

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 53 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. HORACE W JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 103 STONEWALL CT

City SUMMERVILLE	State SC	Zip Code 29483
---------------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5542681

Amount of Each Receipt this Period
100.00

B. HORACE W JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 103 STONEWALL CT

City SUMMERVILLE	State SC	Zip Code 29483
---------------------	-------------	-------------------

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

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5542682

Amount of Each Receipt this Period
100.00

C. Theatla Jones
Full Name (Last, First, Middle Initial)
Mailing Address 2222 Bull St

City Savannah	State GA	Zip Code 31401
------------------	-------------	-------------------

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

Name of Employer OPEIU, Local #4873	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : C5513914

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 54 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. CHRISTOPHER J JORDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 886
 City SOUTH HAVEN State MI Zip Code 49090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5540193
 Amount of Each Receipt this Period
 100.00

B. CHRISTOPHER J JORDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 886
 City SOUTH HAVEN State MI Zip Code 49090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5540194
 Amount of Each Receipt this Period
 100.00

C. CHRISTOPHER J JORDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 886
 City SOUTH HAVEN State MI Zip Code 49090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5540195
 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: (check only one)	PAGE 55 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Sidney Kalban
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St
Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 05 / 2012
Transaction ID : C5513915

Amount of Each Receipt this Period
50.00

B. Theresa L. Kandt
Full Name (Last, First, Middle Initial)

Mailing Address 66755 Powell Rd

City Washington State MI Zip Code 48095

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

Name of Employer LOCAL 42 Occupation Sec-Treas./Bus. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
08 / 24 / 2012
Transaction ID : C5373655

Amount of Each Receipt this Period
40.00

C. Theresa L. Kandt
Full Name (Last, First, Middle Initial)

Mailing Address 66755 Powell Rd

City Washington State MI Zip Code 48095

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

Name of Employer LOCAL 42 Occupation Sec-Treas./Bus. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
09 / 10 / 2012
Transaction ID : C5514004

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: (check only one)	PAGE 56 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Terry Keller
Full Name (Last, First, Middle Initial)

Mailing Address 1137 Wlper St
Apt 26

City Hayward State CA Zip Code 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 ▼
400.00

Date of Receipt
09 / 05 / 2012
Transaction ID : C5513971

Amount of Each Receipt this Period
50.00

B. Cynthia G Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.50

Date of Receipt
09 / 05 / 2012
Transaction ID : C5513916

Amount of Each Receipt this Period
25.00

C. RHONDA R KINNARD
Full Name (Last, First, Middle Initial)

Mailing Address 8520 ROSE ST #2

City BELLFLOWER State CA Zip Code 90706

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
09 / 25 / 2012
Transaction ID : C5536753

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. RHONDA R KINNARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8520 ROSE ST #2
 City BELLFLOWER State CA Zip Code 90706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5536754
 Amount of Each Receipt this Period
 100.00

B. RHONDA R KINNARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8520 ROSE ST #2
 City BELLFLOWER State CA Zip Code 90706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5536755
 Amount of Each Receipt this Period
 100.00

C. Kevin Kistler
 Full Name (Last, First, Middle Initial)
 Mailing Address 6225 Starwood Way
 City Rockville State MD Zip Code 20852-3530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OPEIU Dir. Organ. & Field Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 326.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : C5513941
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 238.46
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Kevin Kistler
Full Name (Last, First, Middle Initial)

Mailing Address 6225 Starwood Way

City State Zip Code
Rockville MD 20852-3530

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

Name of Employer Occupation
OPEIU Dir. Organ. & Field Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
09 / 14 / 2012
Transaction ID : C5517729

Amount of Each Receipt this Period
38.46

B. CHRIS LAFOND
Full Name (Last, First, Middle Initial)

Mailing Address 27 Tyler Rd

City State Zip Code
Lexington MA 02420-2416

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5539581

Amount of Each Receipt this Period
100.00

C. CHRIS LAFOND
Full Name (Last, First, Middle Initial)

Mailing Address 27 Tyler Rd

City State Zip Code
Lexington MA 02420-2416

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5539582

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 238.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. CHRIS LAFOND

Mailing Address 27 Tyler Rd

City Lexington State MA Zip Code 02420-2416

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5539583

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Samuel G 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 Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5540798

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Samuel G 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 Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5540799

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: (check only one)	PAGE 60 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Samuel G Lasala
Full Name (Last, First, Middle Initial)

Mailing Address 221 Timberline Dr

City Madison State MS Zip Code 39110

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5540800

Amount of Each Receipt this Period
100.00

B. Michael A Libassi
Full Name (Last, First, Middle Initial)

Mailing Address 2532 Baneberry Ln #713

City Indianapolis State IN Zip Code 46268

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5539051

Amount of Each Receipt this Period
100.00

C. Michael A Libassi
Full Name (Last, First, Middle Initial)

Mailing Address 2532 Baneberry Ln #713

City Indianapolis State IN Zip Code 46268

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5539052

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 61 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Sabrina N Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1565 Palisades Ln
 City Hoffman Estates State IL Zip Code 60192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5538775
 Amount of Each Receipt this Period
 100.00

B. Sabrina N Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1565 Palisades Ln
 City Hoffman Estates State IL Zip Code 60192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5538776
 Amount of Each Receipt this Period
 100.00

C. Sabrina N Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1565 Palisades Ln
 City Hoffman Estates State IL Zip Code 60192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5538777
 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 62 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Tim R McAdams
 Full Name (Last, First, Middle Initial)
 Mailing Address 3645 Marketplace Blvd #130-298
 City State Zip Code
 East Point GA 30344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5538228
 Amount of Each Receipt this Period
 100.00

B. Tim R McAdams
 Full Name (Last, First, Middle Initial)
 Mailing Address 3645 Marketplace Blvd #130-298
 City State Zip Code
 East Point GA 30344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5538229
 Amount of Each Receipt this Period
 100.00

C. Tim R McAdams
 Full Name (Last, First, Middle Initial)
 Mailing Address 3645 Marketplace Blvd #130-298
 City State Zip Code
 East Point GA 30344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5538230
 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 63 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. John McCreary

Mailing Address 4537 Cove Dr
Apt B

City Carlsbad State CA Zip Code 92008

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
09 / 25 / 2012
Transaction ID : C5536857

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. John McCreary

Mailing Address 4537 Cove Dr
Apt B

City Carlsbad State CA Zip Code 92008

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
09 / 25 / 2012
Transaction ID : C5536858

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
c. John McCreary

Mailing Address 4537 Cove Dr
Apt B

City Carlsbad State CA Zip Code 92008

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
09 / 25 / 2012
Transaction ID : C5536859

Amount of Each Receipt this Period
50.00

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: (check only one)	PAGE 64 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. JARED M MLINARICH
Full Name (Last, First, Middle Initial)

Mailing Address 9254 PINE WALK PASS

City LINDEN State MI Zip Code 48451

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

Name of Employer National Income Life Insurance
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
09 / 25 / 2012
Transaction ID : C5540249

Amount of Each Receipt this Period
40.00

B. JARED M MLINARICH
Full Name (Last, First, Middle Initial)

Mailing Address 9254 PINE WALK PASS

City LINDEN State MI Zip Code 48451

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

Name of Employer National Income Life Insurance
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
09 / 25 / 2012
Transaction ID : C5540250

Amount of Each Receipt this Period
40.00

C. Suzanne Mode
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Francis Ave N

City Seattle State WA Zip Code 98103-5243

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

Name of Employer LOCAL 8
Occupation Business Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.13**

Date of Receipt
09 / 05 / 2012
Transaction ID : C5513981

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **105.00**

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 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. TRAVIS P MOODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 WOODMORE AVE
 City LOUISVILLE State KY Zip Code 40214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5539247
 Amount of Each Receipt this Period
 100.00

B. TRAVIS P MOODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 WOODMORE AVE
 City LOUISVILLE State KY Zip Code 40214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5539248
 Amount of Each Receipt this Period
 100.00

C. TRAVIS P MOODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 WOODMORE AVE
 City LOUISVILLE State KY Zip Code 40214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5539249
 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: (check only one)	PAGE 66 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Shelby Mooney
Full Name (Last, First, Middle Initial)
Mailing Address 3229 34th Ave W
City Seattle State WA Zip Code 98199-2614
FEC ID number of contributing federal political committee. **C**
Name of Employer OPEIU LOCAL 8 Occupation Organizer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 223.17

Date of Receipt
09 / 05 / 2012
Transaction ID : C5513982
Amount of Each Receipt this Period 17.00

B. Joseph K Moore
Full Name (Last, First, Middle Initial)
Mailing Address 2055 S Atlantic Ave #1403
City Daytona Beach Shores State FL Zip Code 32118
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5538104
Amount of Each Receipt this Period 50.00

C. Joseph K Moore
Full Name (Last, First, Middle Initial)
Mailing Address 2055 S Atlantic Ave #1403
City Daytona Beach Shores State FL Zip Code 32118
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5538105
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 117.00
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: (check only one)	PAGE 67 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Joseph K Moore
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538106

Amount of Each Receipt this Period

50.00

B. Eric J Neal
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Woodside Dr

City Arnold	State MO	Zip Code 63010
----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5540696

Amount of Each Receipt this Period

300.00

C. Eric J Neal
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Woodside Dr

City Arnold	State MO	Zip Code 63010
----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5540697

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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: (check only one)	PAGE 68 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Eric J Neal
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Woodside Dr

City Arnold State MO Zip Code 63010

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5540698

Amount of Each Receipt this Period
 300.00

B. Dorian S Oldham
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5540702

Amount of Each Receipt this Period
 100.00

C. Dorian S Oldham
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5540703

Amount of Each Receipt this Period
 100.00

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: (check only one)	PAGE 69 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Dorian S Oldham
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5540704

Amount of Each Receipt this Period
100.00

B. Durhon Oldham
Full Name (Last, First, Middle Initial)

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 Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543277

Amount of Each Receipt this Period
1200.00

C. ROBERT OLSON JR
Full Name (Last, First, Middle Initial)

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 National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5538822

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... **1700.00**

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: (check only one)	PAGE 70 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. ROBERT OLSON JR
Full Name (Last, First, Middle Initial)

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 National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5538823

Amount of Each Receipt this Period
 400.00

B. ROBERT OLSON JR
Full Name (Last, First, Middle Initial)

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 National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5538824

Amount of Each Receipt this Period
 400.00

C. Laurie Onasch
Full Name (Last, First, Middle Initial)

Mailing Address 632 Moraine Ct

City Colgate State WI Zip Code 53017

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 ▼ 411.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543895

Amount of Each Receipt this Period
 180.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 980.00

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: (check only one)	PAGE 71 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Sheila Peacock
Full Name (Last, First, Middle Initial)
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 ▼ 365.37

Date of Receipt 09 / 05 / 2012
Transaction ID : C5513946
Amount of Each Receipt this Period 38.46

B. Sheila Peacock
Full Name (Last, First, Middle Initial)
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 ▼ 365.37

Date of Receipt 09 / 14 / 2012
Transaction ID : C5517740
Amount of Each Receipt this Period 38.46

C. FRANCISCO M PEREZ
Full Name (Last, First, Middle Initial)
Mailing Address 1 LEE AVE
City NORTH PROVIDENCE State RI Zip Code 02904
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 09 / 25 / 2012
Transaction ID : C5542645
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	176.92
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: (check only one)	PAGE 72 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. FRANCISCO M PEREZ
Full Name (Last, First, Middle Initial)

Mailing Address 1 LEE AVE

City NORTH PROVIDENCE State RI Zip Code 02904

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5542646

Amount of Each Receipt this Period
100.00

B. FRANCISCO M PEREZ
Full Name (Last, First, Middle Initial)

Mailing Address 1 LEE AVE

City NORTH PROVIDENCE State RI Zip Code 02904

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5542647

Amount of Each Receipt this Period
100.00

C. Denise M Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer Occupation
OPEIU, Local #4873 Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : C5513923

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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: (check only one)	PAGE 73 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Suzanne Powroznick
Full Name (Last, First, Middle Initial)
Mailing Address 818 Appomattox St
City Hopewell State VA Zip Code 23860
FEC ID number of contributing federal political committee. **C**
Name of Employer CWA Local 2201 Occupation staff
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **327.84**

Date of Receipt **09 / 10 / 2012**
Transaction ID : C5513999
Amount of Each Receipt this Period **38.48**

B. Philip Prata
Full Name (Last, First, Middle Initial)
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 American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5541139
Amount of Each Receipt this Period **100.00**

C. Philip Prata
Full Name (Last, First, Middle Initial)
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 American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5541140
Amount of Each Receipt this Period **100.00**

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 74 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Philip Prata
Full Name (Last, First, Middle Initial)

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 American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5541141

Amount of Each Receipt this Period
100.00

B. Scott J Rehberg
Full Name (Last, First, Middle Initial)

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5541622

Amount of Each Receipt this Period
80.00

c. Scott J Rehberg
Full Name (Last, First, Middle Initial)

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5541623

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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: (check only one)	PAGE 75 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. Scott J 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 American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5541624

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. SAMARA S RITTER

Mailing Address 22 INDIAN TRAIL

City WIND GAP State PA Zip Code 18091

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 ▼ **249.00**

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5542419

Amount of Each Receipt this Period
83.00

Full Name (Last, First, Middle Initial)
C. SAMARA S RITTER

Mailing Address 22 INDIAN TRAIL

City WIND GAP State PA Zip Code 18091

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 ▼ **249.00**

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5542420

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional)..... **246.00**

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: (check only one)	PAGE 76 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. SAMARA S RITTER
Full Name (Last, First, Middle Initial)
Mailing Address 22 INDIAN TRAIL

City WIND GAP	State PA	Zip Code 18091
------------------	-------------	-------------------

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 ▼
249.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5542421

Amount of Each Receipt this Period
83.00

B. Edward D Rubio
Full Name (Last, First, Middle Initial)
Mailing Address 15508 Sugar Loaf Dr

City Edmond	State OK	Zip Code 73013
----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5541903

Amount of Each Receipt this Period
100.00

C. Edward D Rubio
Full Name (Last, First, Middle Initial)
Mailing Address 15508 Sugar Loaf Dr

City Edmond	State OK	Zip Code 73013
----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5541907

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	283.00
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: (check only one)	PAGE 77 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Edward D Rubio
Full Name (Last, First, Middle Initial)
Mailing Address 15508 Sugar Loaf Dr
City Edmond State OK Zip Code 73013
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5541908
Amount of Each Receipt this Period **100.00**

B. Tamara Rubyn
Full Name (Last, First, Middle Initial)
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 **400.00**

Date of Receipt **09 / 05 / 2012**
Transaction ID : C5513967
Amount of Each Receipt this Period **50.00**

C. Paul D Rumbuc
Full Name (Last, First, Middle Initial)
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 American Income Life Occupation Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3600.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : C5540339
Amount of Each Receipt this Period **400.00**

SUBTOTAL of Receipts This Page (optional)..... **550.00**
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 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Paul D Rumbuc
 Full Name (Last, First, Middle Initial)
 Mailing Address 3570 Magnolia Ct
 City State Zip Code
 Oakland Township MI 48363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5540340
 Amount of Each Receipt this Period
 400.00

B. Paul D Rumbuc
 Full Name (Last, First, Middle Initial)
 Mailing Address 3570 Magnolia Ct
 City State Zip Code
 Oakland Township MI 48363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5540341
 Amount of Each Receipt this Period
 400.00

C. Patricia Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 14841
 City State Zip Code
 Oakland CA 94614-0841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LOCAL 29 Secretary-Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : C5513969
 Amount of Each Receipt this Period
 50.00

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 79 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. JAVIER L SANDOVAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 RANGER RD
 City Hollis State NH Zip Code 03049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5541047
 Amount of Each Receipt this Period
 100.00

B. JAVIER L SANDOVAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 RANGER RD
 City Hollis State NH Zip Code 03049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5541048
 Amount of Each Receipt this Period
 2.00

C. JAVIER L SANDOVAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 RANGER RD
 City Hollis State NH Zip Code 03049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5541049
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 202.00
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 OF 115 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Tim D Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Summer Spring Dr

City Spring State TX Zip Code 77373

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543365

Amount of Each Receipt this Period
25.00

B. Tim D Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Summer Spring Dr

City Spring State TX Zip Code 77373

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543366

Amount of Each Receipt this Period
25.00

C. Tim D Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Summer Spring Dr

City Spring State TX Zip Code 77373

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5543367

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Joe Serrano
Full Name (Last, First, Middle Initial)

Mailing Address 6070 Gateway E
Suite 5006

City El Paso State TX Zip Code 79905

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

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
09 / 05 / 2012
Transaction ID : C5513920

Amount of Each Receipt this Period
50.00

B. Robert E Shafer
Full Name (Last, First, Middle Initial)

Mailing Address 33 Fairfield Pl

City Ft Thomas State KY Zip Code 41075

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5539264

Amount of Each Receipt this Period
100.00

C. Robert E Shafer
Full Name (Last, First, Middle Initial)

Mailing Address 33 Fairfield Pl

City Ft Thomas State KY Zip Code 41075

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 25 / 2012
Transaction ID : C5539265

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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: (check only one)	PAGE 82 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Robert E Shafer
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Fairfield Pl
 City Ft Thomas State KY Zip Code 41075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012
Transaction ID : C5539266
 Amount of Each Receipt this Period
100.00

B. Donna Shaffer
 Full Name (Last, First, Middle Initial)
 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 **365.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2012
Transaction ID : C5513951
 Amount of Each Receipt this Period
38.48

c. Donna Shaffer
 Full Name (Last, First, Middle Initial)
 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 **365.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012
Transaction ID : C5517724
 Amount of Each Receipt this Period
38.48

SUBTOTAL of Receipts This Page (optional).....▶	176.96
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 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Elaina Sinner			Date of Receipt
Mailing Address 11861 Templeton Rd			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5538127
Jacksonville	FL	32258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Elaina Sinner			Date of Receipt
Mailing Address 11861 Templeton Rd			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5538128
Jacksonville	FL	32258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Elaina Sinner			Date of Receipt
Mailing Address 11861 Templeton Rd			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5538129
Jacksonville	FL	32258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Beth E Snow
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Whitehoof Way
 City Antioch State CA Zip Code 94531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5537322
 Amount of Each Receipt this Period
 80.00

B. Beth E Snow
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Whitehoof Way
 City Antioch State CA Zip Code 94531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5537323
 Amount of Each Receipt this Period
 80.00

C. Beth E Snow
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Whitehoof Way
 City Antioch State CA Zip Code 94531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5537324
 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: (check only one)	PAGE 85 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Curt D Snow
Full Name (Last, First, Middle Initial)

Mailing Address 827 Buckingham Place

City	State	Zip Code
Danville	CA	94506

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

Name of Employer	Occupation
American Income Life Ins.	Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5537328

Amount of Each Receipt this Period

80.00

B. Curt D Snow
Full Name (Last, First, Middle Initial)

Mailing Address 827 Buckingham Place

City	State	Zip Code
Danville	CA	94506

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

Name of Employer	Occupation
American Income Life Ins.	Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5537329

Amount of Each Receipt this Period

80.00

C. Curt D Snow
Full Name (Last, First, Middle Initial)

Mailing Address 827 Buckingham Place

City	State	Zip Code
Danville	CA	94506

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

Name of Employer	Occupation
American Income Life Ins.	Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5537330

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: (check only one)	PAGE 86 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Scott E Sonnenberg
Full Name (Last, First, Middle Initial)

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5535680

Amount of Each Receipt this Period
100.00

B. Scott E Sonnenberg
Full Name (Last, First, Middle Initial)

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5535681

Amount of Each Receipt this Period
100.00

C. Scott E Sonnenberg
Full Name (Last, First, Middle Initial)

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5535682

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: (check only one)	PAGE 87 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. James M Surace		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5541683
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="3744.00"/>		

Full Name (Last, First, Middle Initial) B. James M Surace		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5541684
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="3744.00"/>		

Full Name (Last, First, Middle Initial) C. James M Surace		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5541685
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="3744.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1248.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Randy E Teyssier		Date of Receipt
Mailing Address 404 Jack Pine Ct		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Gibsonia	PA	15044
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C5542536
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Insurance Agent	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) B. Randy E Teyssier		Date of Receipt
Mailing Address 404 Jack Pine Ct		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Gibsonia	PA	15044
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C5542540
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Insurance Agent	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) C. Randy E Teyssier		Date of Receipt
Mailing Address 404 Jack Pine Ct		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Gibsonia	PA	15044
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C5542541
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Insurance Agent	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. JEFFERY P THIEL
Full Name (Last, First, Middle Initial)

Mailing Address 12065 WESHIRE PL

City MARYLAND HEIGHTS State MO Zip Code 63043

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5540740

Amount of Each Receipt this Period
100.00

B. JEFFERY P THIEL
Full Name (Last, First, Middle Initial)

Mailing Address 12065 WESHIRE PL

City MARYLAND HEIGHTS State MO Zip Code 63043

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5540741

Amount of Each Receipt this Period
100.00

C. JEFFERY P THIEL
Full Name (Last, First, Middle Initial)

Mailing Address 12065 WESHIRE PL

City MARYLAND HEIGHTS State MO Zip Code 63043

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : C5540742

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 90 OF 115 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Krista M Thieme
Full Name (Last, First, Middle Initial)
Mailing Address 16825 N 14Th St #93

City Phoenix	State AZ	Zip Code 85022
-----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536134

Amount of Each Receipt this Period

25.00

B. Krista M Thieme
Full Name (Last, First, Middle Initial)
Mailing Address 16825 N 14Th St #93

City Phoenix	State AZ	Zip Code 85022
-----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536135

Amount of Each Receipt this Period

25.00

C. Krista M Thieme
Full Name (Last, First, Middle Initial)
Mailing Address 16825 N 14Th St #93

City Phoenix	State AZ	Zip Code 85022
-----------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5536136

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 91 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Robert A Ulreich
Full Name (Last, First, Middle Initial)

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5537442

Amount of Each Receipt this Period
25.00

B. Robert A Ulreich
Full Name (Last, First, Middle Initial)

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5537443

Amount of Each Receipt this Period
25.00

C. Robert A Ulreich
Full Name (Last, First, Middle Initial)

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : C5537444

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 92 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Rachelle R Valdez
Full Name (Last, First, Middle Initial)

Mailing Address 493 E 1200 N

City Centerville State UT Zip Code 84014

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

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **316.00**

Date of Receipt
09 / 25 / 2012
Transaction ID : **C5543519**

Amount of Each Receipt this Period
150.00

B. DUSTIN WX VENEKAMP
Full Name (Last, First, Middle Initial)

Mailing Address 10 N 27TH #250

City BILLINGS State MT Zip Code 59101

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
09 / 25 / 2012
Transaction ID : **C5540841**

Amount of Each Receipt this Period
100.00

C. DUSTIN WX VENEKAMP
Full Name (Last, First, Middle Initial)

Mailing Address 10 N 27TH #250

City BILLINGS State MT Zip Code 59101

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
09 / 25 / 2012
Transaction ID : **C5540842**

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: (check only one)	PAGE 93 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. DUSTIN WX VENEKAMP
Full Name (Last, First, Middle Initial)

Mailing Address 10 N 27TH #250

City BILLINGS	State MT	Zip Code 59101
------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5540843

Amount of Each Receipt this Period

100.00

B. RODNEY E WARD
Full Name (Last, First, Middle Initial)

Mailing Address 18944 EMIT RD

City BROWNSTOWN TWP	State MI	Zip Code 48193
------------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5540397

Amount of Each Receipt this Period

100.00

C. RODNEY E WARD
Full Name (Last, First, Middle Initial)

Mailing Address 18944 EMIT RD

City BROWNSTOWN TWP	State MI	Zip Code 48193
------------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5540398

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: (check only one)	PAGE 94 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Rodney E Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 18944 EMIT RD
 City BROWNSTOWN TWP State MI Zip Code 48193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5540399
 Amount of Each Receipt this Period
 100.00

B. Denice Washington
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 69th Ave
 City Oakland State CA Zip Code 94621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OPEIU Local 29 Business Representative
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : C5513975
 Amount of Each Receipt this Period
 50.00

C. Jeremy Welch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 Rebsamen Park Rd #305
 City Little Rock State AR Zip Code 72202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Ins. Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 25 / 2012
Transaction ID : C5535756
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 95 OF 115
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Jeremy Welch
Full Name (Last, First, Middle Initial)

Mailing Address 2010 Rebsamen Park Rd #305

City Little Rock	State AR	Zip Code 72202
---------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5535757

Amount of Each Receipt this Period
100.00

B. Jeremy Welch
Full Name (Last, First, Middle Initial)

Mailing Address 2010 Rebsamen Park Rd #305

City Little Rock	State AR	Zip Code 72202
---------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5535758

Amount of Each Receipt this Period
100.00

C. Jacqueline K White-Brown
Full Name (Last, First, Middle Initial)

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : C5513884

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 96 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Robe Whittinghill
 Full Name (Last, First, Middle Initial)
 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 American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5537526
 Amount of Each Receipt this Period
 150.00

B. Robe Whittinghill
 Full Name (Last, First, Middle Initial)
 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 American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5537527
 Amount of Each Receipt this Period
 150.00

C. Robe Whittinghill
 Full Name (Last, First, Middle Initial)
 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 American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : C5537528
 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: (check only one)	PAGE 97 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Cynthia J Wilhelmi		Date of Receipt MM / DD / YYYY 09 / 25 / 2012
Mailing Address 2912 S Louise Ave #105		Transaction ID : C5542739
City Sioux Falls	State SD	Zip Code 57106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Cynthia J Wilhelmi		Date of Receipt MM / DD / YYYY 09 / 25 / 2012
Mailing Address 2912 S Louise Ave #105		Transaction ID : C5542740
City Sioux Falls	State SD	Zip Code 57106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Cynthia J Wilhelmi		Date of Receipt MM / DD / YYYY 09 / 25 / 2012
Mailing Address 2912 S Louise Ave #105		Transaction ID : C5542741
City Sioux Falls	State SD	Zip Code 57106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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: (check only one)	PAGE 98 OF 115
<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Tom Williams
Full Name (Last, First, Middle Initial)

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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538142

Amount of Each Receipt this Period

200.00

B. Tom Williams
Full Name (Last, First, Middle Initial)

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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538143

Amount of Each Receipt this Period

200.00

C. Tom Williams
Full Name (Last, First, Middle Initial)

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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538144

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: (check only one)	PAGE 99 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Gevorg Yanukyan
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5537558

Amount of Each Receipt this Period

100.00

B. Gevorg Yanukyan
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5537559

Amount of Each Receipt this Period

100.00

C. Gevorg Yanukyan
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5537560

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: (check only one)	PAGE 100 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Wilma Zimmerman
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 22699

City Savannah	State GA	Zip Code 31403
------------------	-------------	-------------------

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

Name of Employer OPEIU Local 4873	Occupation Rep (KY)
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : C5513919

Amount of Each Receipt this Period

400.00

B. David S Zophin
Full Name (Last, First, Middle Initial)
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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538145

Amount of Each Receipt this Period

200.00

c. David S Zophin
Full Name (Last, First, Middle Initial)
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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538146

Amount of Each Receipt this Period

200.00

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 101 OF 115
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. David S Zophin
Full Name (Last, First, Middle Initial)

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 American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	25	/	2012

Transaction ID : C5538147

Amount of Each Receipt this Period
200.00

B.
Full Name (Last, First, Middle Initial)

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	34817.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. 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 ▼
206.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : **C5522186**

Amount of Each Receipt this Period
44.90

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	44.90
TOTAL This Period (last page this line number only).....▶	44.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 OF 115
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. Robert DeLeo

Mailing Address PO Box 520456

City Winthrop State MA Zip Code 02152

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : C5458558

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. STEVE ROTHMAN FOR NEW JERSEY INC.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

FEC ID number of contributing federal political committee. **C C00313494**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : C5463409

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	5500.00

**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)

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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Tarsha Hardy

Mailing Address 2853 Vacherie Lane

City Dallas State TX Zip Code 75227

Purpose of Disbursement
DNC Convention Attendance

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) **DNC Convention Atten**

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : D293829

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dottie Miller

Mailing Address 701 Thatcher Lane

City Hatfield State PA Zip Code 19440

Purpose of Disbursement
DNC Convention Attendance

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) **Convention**

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : D293101

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. NGP Software

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
PAC Software

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) **Filing Software**

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2012

Transaction ID : D293819

Amount of Each Disbursement this Period

1125.00

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

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

4125.00

**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)

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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Rocio Nieves

Mailing Address 1615 88th Avenue

City State Zip Code
Oakland CA 94621

Purpose of Disbursement
DNC Convention Attendance

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

/ /

Transaction ID : D293098

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Kevin Timothy O'Conner

Mailing Address 748 Okie Ridge

City State Zip Code
Yukon OK 73099

Purpose of Disbursement
DNC Convention Attendance

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

/ /

Transaction ID : D293097

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Sheila Schmidt

Mailing Address 5471 S. Salida St

City State Zip Code
centennial CO 80015

Purpose of Disbursement
DNC Convention Attendance

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

/ /

Transaction ID : D293100

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Ben Cardin

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
Senate MD 3rd District

011

Candidate Name
Ben Cardin

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : **D290699**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BERNIE SANDERS FUND; THE

Mailing Address PO BOX 391

City State Zip Code
BURLINGTON VT 05402

Purpose of Disbursement
Senate, VT, General

011

Candidate Name
Bernie Sanders

Category/
Type

Office Sought: House
 Senate
 President
State: VT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	2

Transaction ID : **D292924**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Bill Nelson For Us Senate

Mailing Address 916 N Gadsden St

City State Zip Code
Tallahassee FL 32303-6316

Purpose of Disbursement
Senate, FL, General

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : **D290697**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

6	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Bob Casey

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement
Senate, PA, General

011

Candidate Name

ROBERT P JR CASEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

Transaction ID : **D290703**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CARMONA FOR ARIZONA

Mailing Address PO BOX 12339

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement
Senate, AZ, General

011

Candidate Name

RICHARD CARMONA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

Transaction ID : **D290694**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Chris Murphy

Mailing Address P.O. BOX 127

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
Senate, CT, General

011

Candidate Name

CHRISTOPHER SCOTT M MURPHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

Transaction ID : **D290696**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. DONNELLY FOR INDIANA

Mailing Address 1050 17th Street, NW STE 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Senate, Indiana, General

011

Category/
Type

Candidate Name

JOSEPH DONNELLY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

Transaction ID : D290698

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ELIZABETH FOR MA INC

Mailing Address PO BOX 960405

City BOSTON State MA Zip Code 02196

Purpose of Disbursement
Senate, MA, General

011

Category/
Type

Candidate Name

ELIZABETH WARREN

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

Transaction ID : D290717

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 960405

City BOSTON State MA Zip Code 02196

Purpose of Disbursement
Senate, MA, General

011

Category/
Type

Candidate Name

ELIZABETH WARREN

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2012

Transaction ID : D293257

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SHERROD BROWN

Mailing Address 2280 KRESGE DRIVE
Suite 800

City AMHERST State OH Zip Code 44001

Purpose of Disbursement
Senate, OH, General

011

Candidate Name

Sherrod Brown

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : D290705

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GARAMENDI FOR CONGRESS

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.
3605 LONG BEACH BLVD., STE. 426

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement
CA - 3 General

011

Candidate Name

JOHN GARAMENDI

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2012

Transaction ID : D291188

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
Senate, ND, General

011

Candidate Name

HEIDI HEITKAMP

Category/
Type

Office Sought: House
 Senate
 President
State: ND District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : D290701

Amount of Each Disbursement this Period

2500.00

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

6500.00

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)

<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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Jerry McNerney

Mailing Address 6520 Village Parkway
2nd Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement
CA - 9th General

011

Candidate Name

Jerry McNerney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

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

Transaction ID : D286718

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. John Barrow

Mailing Address P.O. Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
GA-12th District

011

Candidate Name

John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : D292659

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Jon Tester

Mailing Address P.O. Box 1248

City Big Sandy State MT Zip Code 59520

Purpose of Disbursement
Senate, MT, General

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : D290700

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. JOSE HERNANDEZ FOR CONGRESS

Mailing Address PO BOX 1667

City State Zip Code
MODESTO CA 95353

Purpose of Disbursement
10th Congressional District-CA

011

Candidate Name
JOSE M HERNANDEZ

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D293287

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. KAINE FOR VIRGINIA

Mailing Address 2106 HAMILTON STREET SUITE C

City State Zip Code
RICHMOND VA 23230

Purpose of Disbursement
Senate, VA, General

011

Candidate Name
TIMOTHY MICHAEL KAINE

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D293288

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. KAINE FOR VIRGINIA

Mailing Address 2106 HAMILTON STREET SUITE C

City State Zip Code
RICHMOND VA 23230

Purpose of Disbursement
Senate, VA, General

011

Candidate Name
TIMOTHY MICHAEL KAINE

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : D290718

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
Congress, AZ, General

011

Candidate Name

KYRSTEN SINEMA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

Transaction ID : D292926

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. LEE ROGERS FOR CONGRESS

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
Congress, CA, 25

011

Candidate Name

LEE C ROGERS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

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

Transaction ID : D293294

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MARTIN HEINRICH FOR SENATE

Mailing Address P.O. BOX 25763

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement
Senate, NM, General

011

Candidate Name

MARTIN TREVOR HEINRICH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : D290702

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin For Senate

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
Senate, WI, General

011

Candidate Name

TAMMY BALDWIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : D290707

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Peter Welch

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement
Congress, VT, General

011

Candidate Name

PETER WELCH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	2

Transaction ID : D292923

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

3	5	0	0	.	0	0
---	---	---	---	---	---	---

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

4	9	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2012

Transaction ID : D292928

Amount of Each Disbursement this Period

18.21

Full Name (Last, First, Middle Initial)

B. Deborah Glick

Mailing Address PO Box 1160

City New York State NY Zip Code 10276

Purpose of Disbursement
Assemblymember, NY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2012

Transaction ID : D291192

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. UNITY CONVENTION 2012

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : D292921

Amount of Each Disbursement this Period

50000.00

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

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

51018.21

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. William Galvin Committee		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 44 Washington Street		Transaction ID : D291191 Amount of Each Disbursement this Period 250.00
City Brighton	State MA	
Zip Code 02135	Category/ Type 011	
Purpose of Disbursement Secretary of the Commonwealth, MA	Candidate Name William Galvin	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MA District:

Full Name (Last, First, Middle Initial) B. Working Families Party - Federal Account		Date of Disbursement MM / DD / YYYY 08 / 27 / 2012
Mailing Address 2 Nevins Street		Transaction ID : D290719 Amount of Each Disbursement this Period 1000.00
City Brooklyn	State NY	
Zip Code 11217	Category/ Type 011	
Purpose of Disbursement WFP - SC	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: District: WFP - SC

Full Name (Last, First, Middle Initial) C. Working Families Party - Federal Account		Date of Disbursement MM / DD / YYYY 08 / 27 / 2012
Mailing Address 2 Nevins Street		Transaction ID : D290720 Amount of Each Disbursement this Period 1000.00
City Brooklyn	State NY	
Zip Code 11217	Category/ Type 011	
Purpose of Disbursement WFP - NY	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: District: WFP - NY

SUBTOTAL of Disbursements This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	53268.21