

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

Office Use Only

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

Office and Professional Employees International Union - Voice of the Electorate

ADDRESS (number and street)

1660 L STREET, NW

SUITE 801

☐ Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00007898

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly  
Report  
Due On:

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

(c) 12-Day  
**PRE**-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12G)

Election on

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

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

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

Type or Print Name of Treasurer

Nancy Wohlforth

Signature of Treasurer

Electronically Filed by Nancy Wohlforth

Date

03

31

2008

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		327657.33
(b) Cash on Hand at Beginning of Reporting Period .....	386807.82	
(c) Total Receipts (from Line 19) .....	152072.62	228798.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	538880.44	556456.19
7. Total Disbursements (from Line 31) .....	40303.78	57879.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	498576.66	498576.66
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

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	93860.00	224892.75
(i) Itemized (use Schedule A) .....	58212.62	1207789.75
(ii) Unitemized .....	152072.62	227147.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤		
(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) ..... ➤	152072.62	227147.34
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	651.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	152072.62	228798.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	152072.62	228798.86

**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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	28250.00	31325.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	28250.00	31325.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	21500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	-446.22	-446.22
(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)) .....	-446.22	-446.22
29. Other Disbursements.....	2500.00	5500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40303.78	57879.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40303.78	57879.53

**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) .....	152072.62	227147.34
34. Total Contribution Refunds (from Line 28(d)) .....	-446.22	-446.22
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	152518.84	227593.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28250.00	31325.75
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	28250.00	30325.75

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

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

FOR LINE NUMBER: PAGE 6 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

John R Akers

Mailing Address 712 S HWS Cleveland Blvd

City

Elkhorn

State

NE

Zip Code

68022

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108171

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

John R Akers

Mailing Address 712 S HWS Cleveland Blvd

City

Elkhorn

State

NE

Zip Code

68022

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C113959

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Walter Allen

Mailing Address 7419 Cuvier St

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU, LOCAL NO.30

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 3 / 2 0 0 7

Transaction ID: C106251

Amount of Each Receipt this Period

25.00

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

725.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Walter Allen

Mailing Address 7419 Cuvier St

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU, LOCAL NO.30

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: C106437

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Walter Allen

Mailing Address 7419 Cuvier St

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU, LOCAL NO.30

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108626

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Walter Allen

Mailing Address 7419 Cuvier St

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU, LOCAL NO.30

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 7

Transaction ID: C113480

Amount of Each Receipt this Period

40.00

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

120.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Walter Allen

Mailing Address 7419 Cuvier St

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU, LOCAL NO.30

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C115962

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Walter Allen

Mailing Address 7419 Cuvier St

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU, LOCAL NO.30

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: C118022

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Walter Allen

Mailing Address 7419 Cuvier St

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU, LOCAL NO.30

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: C120936

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Richard Altig, Jr

Mailing Address 13911 49TH AVENUE CT NW

City

GIG HARBOR

State

WA

Zip Code

98332

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 ▼

4140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107060

Amount of Each Receipt this Period

1242.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Altig, Jr

Mailing Address 13911 49TH AVENUE CT NW

City

GIG HARBOR

State

WA

Zip Code

98332

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 ▼

4140.00

Date of Receipt

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

Transaction ID: C114343

Amount of Each Receipt this Period

1656.00

**C.**

Full Name (Last, First, Middle Initial)

RICK ALTIG Jr

Mailing Address 10025 111th AVE NE

City

KIRKLAND

State

WA

Zip Code

98033

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 ▼

4160.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C106978

Amount of Each Receipt this Period

1248.00

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

4146.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

RICK ALTIG Jr

Mailing Address 10025 111th AVE NE

City

KIRKLAND

State

WA

Zip Code

98033

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 ▼

4160.00

Date of Receipt

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

Transaction ID: C114344

Amount of Each Receipt this Period

1664.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel J Arreola

Mailing Address 13455 VILLAGE PARK DR APT B6

City

SOUTHGATE

State

MI

Zip Code

48195

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107053

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel J Arreola

Mailing Address 13455 VILLAGE PARK DR APT B6

City

SOUTHGATE

State

MI

Zip Code

48195

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 ▼

360.00

Date of Receipt

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

Transaction ID: C113871

Amount of Each Receipt this Period

120.00

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

1904.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

WESLEY BANGS

Mailing Address 9500 OSUNA RD NE  
#626

City State Zip Code  
ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107655

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Lorena Barriere

Mailing Address 10522 KIBBEE AVE

City State Zip Code  
WHITTIER CA 90603

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107078

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Lorena Barriere

Mailing Address 10522 KIBBEE AVE

City State Zip Code  
WHITTIER CA 90603

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 ▼

250.00

Date of Receipt

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

Transaction ID: C114462

Amount of Each Receipt this Period

100.00

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Yaroslav Bitman

Mailing Address 223 WATERFORD PARK LN

City State Zip Code  
**RALEIGH NC 27615**

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 ▼

1000.00

Date of Receipt

**08 / 15 / 2007**

Transaction ID: C107191

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Yaroslav Bitman

Mailing Address 223 WATERFORD PARK LN

City State Zip Code  
**RALEIGH NC 27615**

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 ▼

1000.00

Date of Receipt

**10 / 10 / 2007**

Transaction ID: C113944

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Lisa Blake

Mailing Address 30445 Fox Club Drive

City State Zip Code  
**Farmington Hills MI 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 ▼

282.00

Date of Receipt

**07 / 17 / 2007**

Transaction ID: C106448

Amount of Each Receipt this Period

24.00

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

**724.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Lisa Blake

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 ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 7

Transaction ID: C106908

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Lisa Blake

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 ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: C109148

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

Lisa Blake

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 ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: C115603

Amount of Each Receipt this Period

24.00

**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: PAGE 14 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Lisa Blake

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 ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: C117941

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Lisa Blake

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 ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 7

Transaction ID: C118960

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Bleier

Mailing Address 917A WINDFIELD PL

City

APPLETON

State

WI

Zip Code

54911

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107645

Amount of Each Receipt this Period

300.00

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

354.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Gary Bleier

Mailing Address 917A WINDFIELD PL

City

APPLETON

State

WI

Zip Code

54911

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C114362

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Bleier

Mailing Address 4325 N WINDING BROOK RD

City

APPLETON

State

WI

Zip Code

54914

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107386

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Bleier

Mailing Address 4325 N WINDING BROOK RD

City

APPLETON

State

WI

Zip Code

54914

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 ▼

250.00

Date of Receipt

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

Transaction ID: C114361

Amount of Each Receipt this Period

100.00

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

575.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Brandon L Braun

Mailing Address 1981 TWILIGHT HILLS CT

City

COMMERCE

State

MI

Zip Code

48390

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107147

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Brandon L Braun

Mailing Address 1981 TWILIGHT HILLS CT

City

COMMERCE

State

MI

Zip Code

48390

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 ▼

400.00

Date of Receipt

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

Transaction ID: C113872

Amount of Each Receipt this Period

160.00

**C.**

Full Name (Last, First, Middle Initial)

Linda Bridges

Mailing Address 6940 N Fairfax Dr  
#200

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Local 2

Occupation  
1st Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C106342

Amount of Each Receipt this Period

500.00

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

780.00

**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  
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FOR LINE NUMBER: PAGE 17 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

David W Brister

Mailing Address 105 WILLOW OAK LN

City

MULLICAN HILLS

State

NJ

Zip Code

08062

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107002

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

David W Brister

Mailing Address 105 WILLOW OAK LN

City

MULLICAN HILLS

State

NJ

Zip Code

08062

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 ▼

400.00

Date of Receipt

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

Transaction ID: C113984

Amount of Each Receipt this Period

160.00

**C.**

Full Name (Last, First, Middle Initial)

Tod Brown

Mailing Address 7802 CANFORD ST  
Apt H

City

CAMBY

State

IN

Zip Code

46113

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

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107579

Amount of Each Receipt this Period

150.00

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

430.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Tod Brown

Mailing Address 7802 CANFORD ST  
Apt H

City State Zip Code  
CAMBY IN 46113

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

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

Transaction ID: C113794

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

David Cohen

Mailing Address 140 N LAS PALMOS

City State Zip Code  
Los Angeles CA 90004

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 ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107063

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

David Cohen

Mailing Address 140 N LAS PALMOS

City State Zip Code  
Los Angeles CA 90004

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 ▼

3750.00

Date of Receipt

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

Transaction ID: C113664

Amount of Each Receipt this Period

1350.00

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

2750.00

**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  
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FOR LINE NUMBER: PAGE 19 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Melanie A COHEN

Mailing Address 1640 WORCESTER RD  
#109D

City State Zip Code  
FRAMINGHAM MA 01701

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107107

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Melanie A COHEN

Mailing Address 1640 WORCESTER RD  
#109D

City State Zip Code  
FRAMINGHAM MA 01701

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 ▼

300.00

Date of Receipt

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

Transaction ID: C113823

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Micah A. COHEN

Mailing Address 140 N LAS PALMAS

City State Zip Code  
LOS ANGELES CA 90004

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107062

Amount of Each Receipt this Period

60.00

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

270.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 96

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Micah A. COHEN

Mailing Address 140 N LAS PALMAS

City

LOS ANGELES

State

CA

Zip Code

90004

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 ▼

330.00

Date of Receipt

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

Transaction ID: C113659

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

TYRONE ALLEN CONARD

Mailing Address 15581 ANDOVER HEIGHTS DR

City

WOODBIDGE

State

VA

Zip Code

22193

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: C107095

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

TYRONE ALLEN CONARD

Mailing Address 15581 ANDOVER HEIGHTS DR

City

WOODBIDGE

State

VA

Zip Code

22193

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C114323

Amount of Each Receipt this Period

400.00

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

910.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

John F Conley

Mailing Address 10 Brannen Dr

City

Savannah

State

GA

Zip Code

31410-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU Local 4873

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C106409

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Demario M Cooper

Mailing Address 724 Royal Anne Ln  
#105

City

Raleigh

State

NC

Zip Code

27615

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 ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108170

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Demario M Cooper

Mailing Address 724 Royal Anne Ln  
#105

City

Raleigh

State

NC

Zip Code

27615

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 ▼

4000.00

Date of Receipt

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

Transaction ID: C113946

Amount of Each Receipt this Period

1600.00

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

3300.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)  
BRANDON CORKINS

Mailing Address 5366 OAK RD

City State Zip Code  
DAVISON MI 48423

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107459

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)  
BRANDON CORKINS

Mailing Address 5366 OAK RD

City State Zip Code  
DAVISON MI 48423

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 ▼

400.00

Date of Receipt

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

Transaction ID: C113873

Amount of Each Receipt this Period

160.00

**C.**

Full Name (Last, First, Middle Initial)  
John Derosier, II

Mailing Address 2796 RIDGECREST

City State Zip Code  
MARIETTA GA 30907

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107254

Amount of Each Receipt this Period

75.00

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

355.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

John Derosier, II

Mailing Address 2796 RIDGECREST

City

MARIETTA

State

GA

Zip Code

30907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C113727

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Eddie S Dhillon

Mailing Address 7740 HERITAGE DR  
#11

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108268

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Eddie S Dhillon

Mailing Address 7740 HERITAGE DR  
#11

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C113877

Amount of Each Receipt this Period

400.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Jason P Dickson

Mailing Address 639 PARKRIDGE LN

City

CORAOPOLIS

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107526

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Jason P Dickson

Mailing Address 639 PARKRIDGE LN

City

CORAOPOLIS

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C114162

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jose Diecedue, III

Mailing Address 7712 JEFFERSON PL BLVD APTC

City

BATON ROUGE

State

LA

Zip Code

70809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107576

Amount of Each Receipt this Period

300.00

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

475.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Jose Diecedue, III

Mailing Address 7712 JEFFERSON PL BLVD APTC

City

BATON ROUGE

State

LA

Zip Code

70809

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C113819

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

DESLAVA DIMITROVA

Mailing Address 10925 Spaulding Plz

City

OMAHA

State

NE

Zip Code

68164

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

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108218

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

DESLAVA DIMITROVA

Mailing Address 10925 Spaulding Plz

City

OMAHA

State

NE

Zip Code

68164

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

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

Transaction ID: C113958

Amount of Each Receipt this Period

200.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Dinocento

Mailing Address 1911 LANDAU LN

City

BOSSIER CITY

State

LA

Zip Code

71111

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107137

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Dinocento

Mailing Address 1911 LANDAU LN

City

BOSSIER CITY

State

LA

Zip Code

71111

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 ▼

300.00

Date of Receipt

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

Transaction ID: C113815

Amount of Each Receipt this Period

-100.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Dunn

Mailing Address 9333 SW 22 st

City

Oklahoma City

State

OK

Zip Code

73128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: C106640

Amount of Each Receipt this Period

60.00

**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: PAGE 27 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Mary Dunn

Mailing Address 9333 SW 22 st

City

Oklahoma City

State

OK

Zip Code

73128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 7

Transaction ID: C108887

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Dunn

Mailing Address 9333 SW 22 st

City

Oklahoma City

State

OK

Zip Code

73128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: C113324

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Dunn

Mailing Address 9333 SW 22 st

City

Oklahoma City

State

OK

Zip Code

73128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: C115783

Amount of Each Receipt this Period

20.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Mary Dunn

Mailing Address 9333 SW 22 st

City

Oklahoma City

State

OK

Zip Code

73128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: C118194

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Bradley J Ellison

Mailing Address 2755 BAMLET RD

City

ROYAL OAK

State

MI

Zip Code

48073

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107248

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Bradley J Ellison

Mailing Address 2755 BAMLET RD

City

ROYAL OAK

State

MI

Zip Code

48073

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 ▼

400.00

Date of Receipt

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

Transaction ID: C113874

Amount of Each Receipt this Period

160.00

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

320.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 96

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Timothy Farr

Mailing Address 43107 Ryegate St

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: C108272

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy Farr

Mailing Address 43107 Ryegate St

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: C113870

Amount of Each Receipt this Period

112.00

**C.**

Full Name (Last, First, Middle Initial)

ROLAND FLETCHER

Mailing Address 2500 THOMAS DR  
#1423

City

EDMOND

State

OK

Zip Code

73003

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: C107227

Amount of Each Receipt this Period

300.00

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

496.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

ROLAND FLETCHER

Mailing Address 2500 THOMAS DR  
#1423

City State Zip Code  
EDMOND OK 73003

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C114116

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Foti

Mailing Address PO BOX 2500

City State Zip Code  
NAPA CA 94558

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108146

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Foti

Mailing Address PO BOX 2500

City State Zip Code  
NAPA CA 94558

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 ▼

2000.00

Date of Receipt

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

Transaction ID: C113661

Amount of Each Receipt this Period

800.00

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

1800.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Cindy Furer

Mailing Address 374 E Pelican Ct

City

Fresno

State

CA

Zip Code

93720-1254

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107346

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Cindy Furer

Mailing Address 374 E Pelican Ct

City

Fresno

State

CA

Zip Code

93720-1254

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 ▼

3000.00

Date of Receipt

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

Transaction ID: C113663

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Geoffrey Gamble

Mailing Address 80 Swan Way  
#333

City

Oakland

State

CA

Zip Code

94621

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108590

Amount of Each Receipt this Period

40.00

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

2140.00

**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 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Geoffrey Gamble

Mailing Address 80 Swan Way  
#333

City State Zip Code  
Oakland CA 94621

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 7

Transaction ID: C109138

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Geoffrey Gamble

Mailing Address 80 Swan Way  
#333

City State Zip Code  
Oakland CA 94621

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 ▼

210.00

Date of Receipt

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

Transaction ID: C113532

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Geoffrey Gamble

Mailing Address 80 Swan Way  
#333

City State Zip Code  
Oakland CA 94621

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: C117948

Amount of Each Receipt this Period

50.00

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

130.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Geoffrey Gamble

Mailing Address 80 Swan Way  
#333

City State Zip Code  
Oakland CA 94621

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 ▼

210.00

Date of Receipt

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

Transaction ID: C118943

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Larry Geneser

Mailing Address 13515 S PEBBLEBROOK LN

City State Zip Code  
GREENWOOD MO 64034

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 ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107055

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Geneser

Mailing Address 13515 S PEBBLEBROOK LN

City State Zip Code  
GREENWOOD MO 64034

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 ▼

4000.00

Date of Receipt

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

Transaction ID: C113922

Amount of Each Receipt this Period

1600.00

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

2840.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

SALVATORE GIACCHI

Mailing Address 83 DAVIS RD

City

FRANKLIN

State

NJ

Zip Code

07416

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 ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107610

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

SALVATORE GIACCHI

Mailing Address 83 DAVIS RD

City

FRANKLIN

State

NJ

Zip Code

07416

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 ▼

264.00

Date of Receipt

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

Transaction ID: C113983

Amount of Each Receipt this Period

108.00

**C.**

Full Name (Last, First, Middle Initial)

Eric Giglione

Mailing Address 3 PARKWOOD DR

City

COLTS NECK

State

NJ

Zip Code

07722

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 ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107271

Amount of Each Receipt this Period

1200.00

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

1383.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Eric Giglione

Mailing Address 3 PARKWOOD DR

City

COLTS NECK

State

NJ

Zip Code

07722

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 ▼

4000.00

Date of Receipt

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

Transaction ID: C113985

Amount of Each Receipt this Period

1600.00

**B.**

Full Name (Last, First, Middle Initial)

Erik Graham

Mailing Address 9741 RESEDA BLVD  
#39

City

NORTHRIDGE

State

CA

Zip Code

91324

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107661

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Erik Graham

Mailing Address 9741 RESEDA BLVD  
#39

City

NORTHRIDGE

State

CA

Zip Code

91324

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 ▼

250.00

Date of Receipt

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

Transaction ID: C113655

Amount of Each Receipt this Period

100.00

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

1775.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 96

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Arthur J GREENE

Mailing Address 1837 SQUIRREL VALLEY DR

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: C107129

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Arthur J GREENE

Mailing Address 1837 SQUIRREL VALLEY DR

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C113878

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Greer

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

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 ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: C108144

Amount of Each Receipt this Period

900.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Steven Greer

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

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 ▼

3000.00

Date of Receipt

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

Transaction ID: C114297

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald Gurney, Jr.

Mailing Address 2360 Forest Hills Dr

City

Lake Orion

State

MI

Zip Code

48359

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 ▼

700.00

Date of Receipt

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

Transaction ID: C113879

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Gurney Jr

Mailing Address 201 N SQUIRREL RD

City

AUBURN HILLS

State

MI

Zip Code

48236

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108199

Amount of Each Receipt this Period

300.00

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

1900.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Frederick Hadayia Jr

Mailing Address 101 IRON VALLEY DR

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108165

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Frederick Hadayia Jr

Mailing Address 101 IRON VALLEY DR

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C114165

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

John Hancock

Mailing Address 4127 TIMBER CT

City

INDIANAPOLIS

State

IN

Zip Code

46250

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

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107369

Amount of Each Receipt this Period

150.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

John Hancock

Mailing Address 4127 TIMBER CT

City

INDIANAPOLIS

State

IN

Zip Code

46250

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

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

Transaction ID: C113795

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Hancock

Mailing Address 12546 WALNUT RIDGE PL

City

FISHERS

State

IN

Zip Code

46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INCOME LIFE INS.  
CO.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107033

Amount of Each Receipt this Period

900.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Hancock

Mailing Address 12546 WALNUT RIDGE PL

City

FISHERS

State

IN

Zip Code

46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INCOME LIFE INS.  
CO.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C113797

Amount of Each Receipt this Period

1200.00

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

2300.00

**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 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Steve Hartman

Mailing Address 3430 N MOUNTAIN RIDGE RD  
#69

City State Zip Code  
**MESA** **AZ** **85207**

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**08** **15** **2007**

Transaction ID: C107325

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Steve Hartman

Mailing Address 3430 N MOUNTAIN RIDGE RD  
#69

City State Zip Code  
**MESA** **AZ** **85207**

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**10** **10** **2007**

Transaction ID: C113569

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Rob Hay

Mailing Address PO Box 208

City State Zip Code  
**Waco** **TX** **76703-0208**

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**08** **15** **2007**

Transaction ID: C108143

Amount of Each Receipt this Period

750.00

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

**2850.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 96

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Rob Hay

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

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 ▼

2500.00

Date of Receipt

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

Transaction ID: C114296

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Willie Hayden

Mailing Address 250 Centerville Rd  
Bldg 15

City

Warwick

State

RI

Zip Code

02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: C108163

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Willie Hayden

Mailing Address 250 Centerville Rd  
Bldg 15

City

Warwick

State

RI

Zip Code

02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C114167

Amount of Each Receipt this Period

120.00

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

1210.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

William Heath

Mailing Address 129 Mills Ln

City

New Albany

State

IN

Zip Code

47150

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

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108222

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

William Heath

Mailing Address 129 Mills Ln

City

New Albany

State

IN

Zip Code

47150

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

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

Transaction ID: C113796

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Highberg

Mailing Address 1209-1 LOGAN RD

City

BETHEL PARK

State

PA

Zip Code

15102

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107019

Amount of Each Receipt this Period

75.00

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

425.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 96

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Peter Highberg

Mailing Address 1209-1 LOGAN RD

City

BETHEL PARK

State

PA

Zip Code

15102

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 ▼

250.00

Date of Receipt

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

Transaction ID: C114163

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Robert T Hughes

Mailing Address 1429 SENECA PL

City

CHARLOTTE

State

NC

Zip Code

28209

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: C107069

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Robert T Hughes

Mailing Address 1429 SENECA PL

City

CHARLOTTE

State

NC

Zip Code

28209

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C113945

Amount of Each Receipt this Period

400.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

David Iriye

Mailing Address 3540 COLUMBINE ST

City

SEAL BEACH

State

CA

Zip Code

90740

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107335

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

David Iriye

Mailing Address 3540 COLUMBINE ST

City

SEAL BEACH

State

CA

Zip Code

90740

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 ▼

250.00

Date of Receipt

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

Transaction ID: C113656

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES ISIP

Mailing Address 1819 Preuss Rd

City

Los Angeles

State

CA

Zip Code

90035

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108512

Amount of Each Receipt this Period

300.00

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

475.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

JAMES ISIP

Mailing Address 1819 Preuss Rd

City

Los Angeles

State

CA

Zip Code

90035

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C113660

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

John Jatoft

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107362

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

John Jatoft

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C113662

Amount of Each Receipt this Period

800.00

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

1800.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

William Jennings

Mailing Address 17961 E EUCLID PL

City

AURORA

State

CO

Zip Code

80016

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107122

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

William Jennings

Mailing Address 17961 E EUCLID PL

City

AURORA

State

CO

Zip Code

80016

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 ▼

2000.00

Date of Receipt

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

Transaction ID: C113692

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Theresa L. Kandt

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.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.00

Date of Receipt

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

Transaction ID: C106340

Amount of Each Receipt this Period

500.00

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

1900.00

**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 47 / 96

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Theresa L. Kandt

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.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.00

Date of Receipt

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

Transaction ID: C106449

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)

Theresa L. Kandt

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.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	7

Transaction ID: C106911

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Theresa L. Kandt

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.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	7

Transaction ID: C109151

Amount of Each Receipt this Period

24.00

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: PAGE 48 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Theresa L. Kandt

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.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: C115606

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)

Theresa L. Kandt

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.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

Transaction ID: C117944

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Theresa L. Kandt

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.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 7

Transaction ID: C118963

Amount of Each Receipt this Period

24.00

**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: PAGE 49 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Walpert St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 7

Transaction ID: C106329

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Walpert St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108589

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Walpert St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 7

Transaction ID: C109137

Amount of Each Receipt this Period

40.00

**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 50 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Walpert St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

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

Transaction ID: C113531

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Walpert St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: C117947

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Keller

Mailing Address 1137 Walpert St  
Apt 26

City State Zip Code  
Hayward CA 94541-6768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
Business Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

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

Transaction ID: C118942

Amount of Each Receipt this Period

40.00

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

STEVEN KING

Mailing Address 24331 FAIRWAY HILLS DR

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107219

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN KING

Mailing Address 24331 FAIRWAY HILLS DR

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C113880

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Adam Kiss

Mailing Address 89 HIGHLAND AVE

City

EASTCHESTER

State

NY

Zip Code

10709

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107626

Amount of Each Receipt this Period

150.00

**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 52 / 96

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Adam Kiss

Mailing Address 89 HIGHLAND AVE

City

EASTCHESTER

State

NY

Zip Code

10709

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 ▼

500.00

Date of Receipt

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

Transaction ID: C114053

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. &amp; Field Service

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	0	7

Transaction ID: C106919

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. &amp; Field Service

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: C109229

Amount of Each Receipt this Period

50.00

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 53 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. & Field Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: C115585

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. & Field Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C117959

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Kistler

Mailing Address 10722 Brewer House Rd

City

Rockville

State

MD

Zip Code

20852-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Dir. Organ. & Field Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C118954

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: PAGE 54 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Tracy Komer

Mailing Address 23061 Gary Ln

City

St Clair Shores

State

MI

Zip Code

48080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 7

Transaction ID: C106191

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Tracy Komer

Mailing Address 23061 Gary Ln

City

St Clair Shores

State

MI

Zip Code

48080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: C106638

Amount of Each Receipt this Period

18.00

**C.**

Full Name (Last, First, Middle Initial)

Tracy Komer

Mailing Address 23061 Gary Ln

City

St Clair Shores

State

MI

Zip Code

48080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 7

Transaction ID: C108873

Amount of Each Receipt this Period

12.00

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

1530.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Tracy Komer

Mailing Address 23061 Gary Ln

City

St Clair Shores

State

MI

Zip Code

48080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

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

Transaction ID: C113322

Amount of Each Receipt this Period

18.00

**B.**

Full Name (Last, First, Middle Initial)

Tracy Komer

Mailing Address 23061 Gary Ln

City

St Clair Shores

State

MI

Zip Code

48080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: C115781

Amount of Each Receipt this Period

6.00

**C.**

Full Name (Last, First, Middle Initial)

Tracy Komer

Mailing Address 23061 Gary Ln

City

St Clair Shores

State

MI

Zip Code

48080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Union UAW

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

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

Transaction ID: C118180

Amount of Each Receipt this Period

12.00

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

36.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Christopher Q Lafond

Mailing Address 8030 Sherwood Dr

City

Presto

State

PA

Zip Code

15142-1078

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107590

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Q Lafond

Mailing Address 8030 Sherwood Dr

City

Presto

State

PA

Zip Code

15142-1078

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 ▼

2000.00

Date of Receipt

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

Transaction ID: C114164

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT LATTA

Mailing Address 5603 W 125TH ST

City

OVERLAND PARK

State

KS

Zip Code

66209

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107471

Amount of Each Receipt this Period

300.00

**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: PAGE 57 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

SCOTT LATTA

Mailing Address 5603 W 125TH ST

City

OVERLAND PARK

State

KS

Zip Code

66209

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C113803

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia G Lee

Mailing Address 7509 YELLOW WOOD

City

Lansing

State

MI

Zip Code

48917

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107571

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia G Lee

Mailing Address 7509 YELLOW WOOD

City

Lansing

State

MI

Zip Code

48917

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C113881

Amount of Each Receipt this Period

400.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Green P Lewis, Jr.

Mailing Address PO Box 12493

City

Columbus

State

GA

Zip Code

31917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU International

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C106411

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Joe Manone

Mailing Address N89 W15883 MAIN ST  
Suite 101

City

MENOMONEE FALLS

State

WI

Zip Code

53051

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107666

Amount of Each Receipt this Period

900.00

**C.**

Full Name (Last, First, Middle Initial)

Joe Manone

Mailing Address N89 W15883 MAIN ST  
Suite 101

City

MENOMONEE FALLS

State

WI

Zip Code

53051

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 ▼

3000.00

Date of Receipt

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

Transaction ID: C114363

Amount of Each Receipt this Period

1200.00

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

2600.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Rick Mansfield

Mailing Address 11230 W Meadowriver Dr

City

State

Zip Code

Star

ID

83669

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 ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108249

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Rick Mansfield

Mailing Address 11230 W Meadowriver Dr

City

State

Zip Code

Star

ID

83669

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 ▼

640.00

Date of Receipt

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

Transaction ID: C113748

Amount of Each Receipt this Period

320.00

**C.**

Full Name (Last, First, Middle Initial)

John Mattiacci

Mailing Address 1146 Foxchase Rd

City

State

Zip Code

Rydal

PA

19046-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guild 45

Occupation

Sec.-Treas.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C106341

Amount of Each Receipt this Period

500.00

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

1060.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

John McCreary

Mailing Address 4747 MARINA DR  
#5

City State Zip Code  
CARLSBAD CA 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107415

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

John McCreary

Mailing Address 4747 MARINA DR  
#5

City State Zip Code  
CARLSBAD CA 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 ▼

500.00

Date of Receipt

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

Transaction ID: C113658

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Jared M Mlinarich

Mailing Address 9254 PINE WALK PASS

City State Zip Code  
Linden MI 48451

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107647

Amount of Each Receipt this Period

120.00

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

470.00

**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 / 96

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Jared M Mlinarich

Mailing Address 9254 PINE WALK PASS

City	State	Zip Code
Linden	MI	48451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income LifeOccupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C113875

Amount of Each Receipt this Period

160.00

**B.**

Full Name (Last, First, Middle Initial)

Suzanne Mode

Mailing Address 6515 Francis Ave N

City	State	Zip Code
Seattle	WA	98103-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 8Occupation  
Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	3	/	2	0	0	7

Transaction ID: C106176

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Suzanne Mode

Mailing Address 6515 Francis Ave N

City	State	Zip Code
Seattle	WA	98103-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 8Occupation  
Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: C106777

Amount of Each Receipt this Period

20.00

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

200.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 62 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Suzanne Mode

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 ▼

272.82

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: C108710

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Suzanne Mode

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 ▼

272.82

Date of Receipt

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

Transaction ID: C111184

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Suzanne Mode

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 ▼

272.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: C115917

Amount of Each Receipt this Period

20.00

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

65.00

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Suzanne Mode

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 ▼

272.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: C118832

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jason A Mollo

Mailing Address 12233 Town Walk Dr

City

Hamden

State

CT

Zip Code

06518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108254

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Jason A Mollo

Mailing Address 12233 Town Walk Dr

City

Hamden

State

CT

Zip Code

06518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C113700

Amount of Each Receipt this Period

120.00

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

235.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Maxine V Moody

Mailing Address 68 HEATHER LN

City

NEW BRITAIN

State

CT

Zip Code

06053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107539

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Maxine V Moody

Mailing Address 68 HEATHER LN

City

NEW BRITAIN

State

CT

Zip Code

06053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C113701

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph K Moore

Mailing Address 3442 DELLE FIELD

City

NEWPORT RICHEY

State

FL

Zip Code

34655

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107327

Amount of Each Receipt this Period

150.00

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

360.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Joseph K Moore

Mailing Address 3442 DELLE FIELD

City

NEWPORT RICHEY

State

FL

Zip Code

34655

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 ▼

500.00

Date of Receipt

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

Transaction ID: C113718

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Marc Morton

Mailing Address 2476 POWELL AVE

City

COLUMBUS

State

OH

Zip Code

43209

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 ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107222

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Marc Morton

Mailing Address 2476 POWELL AVE

City

COLUMBUS

State

OH

Zip Code

43209

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 ▼

4000.00

Date of Receipt

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

Transaction ID: C114111

Amount of Each Receipt this Period

1600.00

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

3000.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Martha Moss

Mailing Address 1256 Fm 2803

City

Lipan

State

TX

Zip Code

76462-7017

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

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

Transaction ID: C106337

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Susanne M Munro

Mailing Address 4627 Pine Dr

City

Holland

State

MI

Zip Code

49423

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 ▼

901.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108212

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Susanne M Munro

Mailing Address 4627 Pine Dr

City

Holland

State

MI

Zip Code

49423

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 ▼

901.00

Date of Receipt

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

Transaction ID: C113876

Amount of Each Receipt this Period

301.00

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

1101.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Eric J Neal

Mailing Address 209 Lambeth Ln

City

Saint Louis

State

MO

Zip Code

63125

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 ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108209

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Eric J Neal

Mailing Address 209 Lambeth Ln

City

Saint Louis

State

MO

Zip Code

63125

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 ▼

2700.00

Date of Receipt

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

Transaction ID: C113921

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Dorian S Oldham

Mailing Address 8961 CENTER POINTE DR

City

BALDWINVILLE

State

NY

Zip Code

13027

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107630

Amount of Each Receipt this Period

75.00

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

1875.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Dorian S Oldham

Mailing Address 8961 CENTER POINTE DR

City

BALDWINVILLE

State

NY

Zip Code

13027

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 ▼

250.00

Date of Receipt

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

Transaction ID: C114051

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DURHON RENAH R OLDHAM

Mailing Address 1995 HARRIS RD

City

PENFIELD

State

NY

Zip Code

14526

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 ▼

4446.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107149

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

DURHON RENAH R OLDHAM

Mailing Address 1995 HARRIS RD

City

PENFIELD

State

NY

Zip Code

14526

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 ▼

4446.22

Date of Receipt

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

Transaction ID: C114055

Amount of Each Receipt this Period

1600.00

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

2900.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

ROBERT OLSON, Jr

Mailing Address 26561 W HIGHLAND DR

City

CHANNAHON

State

IL

Zip Code

60410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107240

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT OLSON, Jr

Mailing Address 26561 W HIGHLAND DR

City

CHANNAHON

State

IL

Zip Code

60410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C113775

Amount of Each Receipt this Period

1600.00

**C.**

Full Name (Last, First, Middle Initial)

Gleb Ostrovsky

Mailing Address 110 GREENRIDGE DR

City

MADISON

State

MS

Zip Code

39110

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C106946

Amount of Each Receipt this Period

300.00

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

3100.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Gleb Ostrovsky

Mailing Address 110 GREENRIDGE DR

City

MADISON

State

MS

Zip Code

39110

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C113928

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Christine Page

Mailing Address 14152 Foothill Blvd  
#14

City

Sylmar

State

CA

Zip Code

91342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Local 174

Occupation

Business Rep.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C106407

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

GREGORY PARTEE

Mailing Address 117 CAHABA RIVER PARK

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C106967

Amount of Each Receipt this Period

300.00

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

1200.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)

GREGORY PARTEE

Mailing Address 117 CAHABA RIVER PARK

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C113544

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Phillip R Pope

Mailing Address 110 Greenbriar Drive

City

Knoxville

State

TN

Zip Code

37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU Local #2001

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C106334

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Patricia Priloh

Mailing Address 303 Diamond Ave

City

Brownsville

State

PA

Zip Code

15417-8645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: C106410

Amount of Each Receipt this Period

500.00

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Patricia Priloh

Mailing Address 303 Diamond Ave

City

Brownsville

State

PA

Zip Code

15417-8645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: C106918

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Priloh

Mailing Address 303 Diamond Ave

City

Brownsville

State

PA

Zip Code

15417-8645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 7

Transaction ID: C109228

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Priloh

Mailing Address 303 Diamond Ave

City

Brownsville

State

PA

Zip Code

15417-8645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: C115584

Amount of Each Receipt this Period

30.00

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

90.00

**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 73 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Patricia Priloh

Mailing Address 303 Diamond Ave

City

Brownsville

State

PA

Zip Code

15417-8645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C117958

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Priloh

Mailing Address 303 Diamond Ave

City

Brownsville

State

PA

Zip Code

15417-8645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: C118953

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Marc E Rosen

Mailing Address 96 Rivington Ave

City

Staten Island

State

NY

Zip Code

10314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Income Life

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108510

Amount of Each Receipt this Period

900.00

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

960.00

**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 74 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Marc E Rosen

Mailing Address 96 Rivington Ave

City

Staten Island

State

NY

Zip Code

10314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Income Life

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C114054

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

TORRENCE ROWELL

Mailing Address 239 ORCHARD DR

City

TEMPLE

State

GA

Zip Code

30179

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107211

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

TORRENCE ROWELL

Mailing Address 239 ORCHARD DR

City

TEMPLE

State

GA

Zip Code

30179

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 ▼

400.00

Date of Receipt

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

Transaction ID: C113728

Amount of Each Receipt this Period

160.00

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

1480.00

**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 75 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 7

Transaction ID: C106327

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108587

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 7

Transaction ID: C109135

Amount of Each Receipt this Period

40.00

**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 76 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: C113529

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: C117945

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Tamara Rubyn

Mailing Address PO Box 149

City

Carmichael

State

CA

Zip Code

95609-0149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: C118940

Amount of Each Receipt this Period

40.00

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City

OAKLAND TOWNSHIP

State

MI

Zip Code

48363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107337

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City

OAKLAND TOWNSHIP

State

MI

Zip Code

48363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C113883

Amount of Each Receipt this Period

1600.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address 344 Rock Creek Way

City

Pleasant Hill

State

CA

Zip Code

94523-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation  
Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 7

Transaction ID: C106328

Amount of Each Receipt this Period

20.00

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

2820.00

**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 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address 344 Rock Creek Way

City

Pleasant Hill

State

CA

Zip Code

94523-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108588

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address 344 Rock Creek Way

City

Pleasant Hill

State

CA

Zip Code

94523-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 7

Transaction ID: C109136

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address 344 Rock Creek Way

City

Pleasant Hill

State

CA

Zip Code

94523-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: C113530

Amount of Each Receipt this Period

40.00

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

125.00

**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 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address 344 Rock Creek Way

City

Pleasant Hill

State

CA

Zip Code

94523-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: C117946

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Sanchez

Mailing Address 344 Rock Creek Way

City

Pleasant Hill

State

CA

Zip Code

94523-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 29

Occupation

Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: C118941

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Imran Satti

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108145

Amount of Each Receipt this Period

900.00

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

990.00

**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 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Imran Satti

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

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 ▼

3000.00

Date of Receipt

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

Transaction ID: C114298

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Tim D Schroeder

Mailing Address 279 Highfield Dr  
#E

City

Columbus

State

OH

Zip Code

43214

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108226

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Tim D Schroeder

Mailing Address 279 Highfield Dr  
#E

City

Columbus

State

OH

Zip Code

43214

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 ▼

250.00

Date of Receipt

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

Transaction ID: C114110

Amount of Each Receipt this Period

100.00

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

1375.00

**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 / 96

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Melvin S Schwarzwald

Mailing Address 2950 Warrensville Center Rd

City State Zip Code

Shaker Heights

OH

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schwarzwald & McNairOccupation  
OPEIU Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C106408

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

James Surace

Mailing Address PO BOX 33160

City State Zip Code

NORTH ROYALTON

OH

44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income LifeOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4160.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: C108151

Amount of Each Receipt this Period

1248.00

**C.**

Full Name (Last, First, Middle Initial)

James Surace

Mailing Address PO BOX 33160

City State Zip Code

NORTH ROYALTON

OH

44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income LifeOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4160.00

Date of Receipt

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

Transaction ID: C114112

Amount of Each Receipt this Period

1664.00

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

3412.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

William C Sykes

Mailing Address 110 LINCOLN ST

City

Patterson

State

LA

Zip Code

70392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Local 107

Occupation

Sec.-Treas./Bus. 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  
0 7 / 0 3 / 2 0 0 7

Transaction ID: C106180

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Krista M THIEME

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

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C108162

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Krista M THIEME

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

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C113568

Amount of Each Receipt this Period

100.00

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

675.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Becky Turner

Mailing Address 704 ROYAL VIEW CT

City

WEATHERFORD

State

TX

Zip Code

76086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 277

Occupation

Insurance Agent

Receipt For: 2007

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C106406

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Ulreich

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 / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107123

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Ulreich

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 / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: C113657

Amount of Each Receipt this Period

100.00

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

475.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

RODNEY WARD

Mailing Address 18944 EMIT RD

City

BROWNSTOWN

State

MI

Zip Code

48192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107133

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

RODNEY WARD

Mailing Address 18944 EMIT RD

City

BROWNSTOWN

State

MI

Zip Code

48192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C113882

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

John West

Mailing Address 107 WILDROSE LN

City

SCOTT DEPOT

State

WV

Zip Code

25560

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107010

Amount of Each Receipt this Period

75.00

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

775.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

John West

Mailing Address 107 WILDROSE LN

City

SCOTT DEPOT

State

WV

Zip Code

25560

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 ▼

250.00

Date of Receipt

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

Transaction ID: C114368

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gary D Williams

Mailing Address 531 STILLWATER DR NW

City

MARIETTA

State

GA

Zip Code

30064

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C107454

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Gary D Williams

Mailing Address 531 STILLWATER DR NW

City

MARIETTA

State

GA

Zip Code

30064

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C113729

Amount of Each Receipt this Period

400.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Thomas Williams

Mailing Address 10246 SW 22nd PL

City

DAVIE

State

FL

Zip Code

33324

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 ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C106993

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Williams

Mailing Address 10246 SW 22nd PL

City

DAVIE

State

FL

Zip Code

33324

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 ▼

4000.00

Date of Receipt

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

Transaction ID: C113719

Amount of Each Receipt this Period

1600.00

**C.**

Full Name (Last, First, Middle Initial)

David Zophin

Mailing Address 101 GROUSE HILL RD

City

GLASTONBURY

State

CT

Zip Code

06033

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 ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C106985

Amount of Each Receipt this Period

1200.00

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

David Zophin

Mailing Address 101 GROUSE HILL RD

City

GLASTONBURY

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C113702

Amount of Each Receipt this Period

1600.00

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

1600.00

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

93860.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 96

<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)

Office and Professional Employees International Union - Voice of the Electorate

## **A.** Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS

Mailing Address PO Box 23273

City WACO State TX Zip Code 76702

Purpose of Disbursement  
TX 17th Congressional District

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 17

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

O

Transaction ID: D280

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

## **B.** Full Name (Last, First, Middle Initial) Fred D. Mason, III

Mailing Address P.O. Box 22451

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
MD City Council 11th District.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

O

Transaction ID: D275

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

500.00

## **C.** Full Name (Last, First, Middle Initial) Garamendi 2010

Mailing Address P.O. Box 496

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
Lt. Gov. - CA

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D285

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

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

7500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 96

<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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address 420 Lexington Avenue  
Suite 3030

City State Zip Code  
New York NY 10170

Purpose of Disbursement  
Hillary's 60 Birthday Committee

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: O

Transaction ID: D276

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jaime Franks

Mailing Address P.O. Box 3224

City State Zip Code  
Jackson MS 39207

Purpose of Disbursement  
MS-LT. Governor

Candidate Name  
Jamie Franks

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D282

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Jerry McNerney

Mailing Address P.O. Box 12022

City State Zip Code  
Pleasanton CA 94588

Purpose of Disbursement  
CA-Congress 11th District

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D288

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 96

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

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

NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)

Joan Fitz-Gerald

Mailing Address P.O. Box 401

City State Zip Code  
Westminster CO 80021

Purpose of Disbursement  
CO- US Congress 2nd Dist.

Candidate Name  
Joan Fitz-gerald

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D281

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)

John Agenbroad

Mailing Address 1255 S Main Street

City State Zip Code  
Springboro OH 45066

Purpose of Disbursement  
OH- Springboro Mayor

Candidate Name  
John Agenbroad

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

O

Transaction ID: D278

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

C.

Full Name (Last, First, Middle Initial)

MA Democratic State Committee/Federal Acct.

Mailing Address 56 Roland Street, North Lobby  
Suite 203

City State Zip Code  
Boston MA 02129

Purpose of Disbursement  
Special Election

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

Special

Transaction ID: D297

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

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)

PAGE 91 / 96

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

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

NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)

Robin Weirauch

Mailing Address 116 S. Main Street

City  
Bowling Green

State  
OH

Zip Code  
43402

Purpose of Disbursement  
OH- 5th Congressional Dist.

Candidate Name  
Robin Weirauch

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: O

Transaction ID: D293

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Sheela Martel

Mailing Address 122 Dodge Lane

City  
Whitehall

State  
NY

Zip Code  
12887

Purpose of Disbursement  
NY- Washington Co. Coroner

Candidate Name  
Sheela Martel

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D286

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steve Beshear

Mailing Address 700 Capital Avenue, Suite 100

City  
Frankfort

State  
KY

Zip Code  
40601

Purpose of Disbursement  
KY-Governor

Candidate Name  
Steve Beshear

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: O

Transaction ID: D279

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

500.00

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

5750.00

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)

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<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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Tarrant County Democratic Party

Mailing Address 3004 W Lancaster Ave

City  
Fort Worth

State  
TX

Zip Code  
76107-3009

Purpose of Disbursement  
TX

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: O

**Transaction ID: D274**

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

The Mesabi Fund

Mailing Address 918 Beverley Drive

City  
Alexandria

State  
VA

Zip Code  
22302

Purpose of Disbursement  
TTD Exec. Comm. Dinner Chairman Oberstar

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: O

**Transaction ID: D277**

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Laurie Tinnin

Mailing Address 2340 Harmony Dr

City  
Burton

State  
MI

Zip Code  
48509-1164

Purpose of Disbursement  
MI - Burton Mayor

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D291**

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

500.00

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

2000.00

**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)

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<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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

William Galvin

Mailing Address 444 Washington Street

City Brighton State MA Zip Code 02135

Purpose of Disbursement  
MA-Sec. of State

Candidate Name  
William Galvin

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: O

Transaction ID: D283

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

William O'Neil

Mailing Address P.O. Box 601

City Chagrin Falls State OH Zip Code 44022

Purpose of Disbursement  
OH- 14th Congressional

Candidate Name  
William O'Neil

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D289

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

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

1500.00

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

28250.00

# **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)

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<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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Loretta Sanchez

Mailing Address 604 S. Harbor Blvd.

City Santa Ana State CA Zip Code 92704

Purpose of Disbursement  
CA-US Congress

Candidate Name  
Loretta Sanchez

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

O

Transaction ID: D296

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Patrick Leahy

Mailing Address P.O. Box 1042

City Montpelier State VT Zip Code 05601

Purpose of Disbursement  
US Senator - VT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D268

Date of Disbursement

/   /

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)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)

DURHON RENAH R OLDHAM

Mailing Address 1995 HARRIS RD

City  
PENFIELD

State  
NY

Zip Code  
14526

Purpose of Disbursement  
Never cashed

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

F

Transaction ID: D271

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

-446.22

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

-446.22

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

-446.22

# **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)

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<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)

Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)

ELIOT SPITZER

Mailing Address 895 Broadway  
5th Floor

City State Zip Code  
New York City NY 10003

Purpose of Disbursement  
Governor - NY State

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: NY

District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

O

Transaction ID: D290

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

2500.00