

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 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00007898 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 01 01 2009 through 06 30 2009

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 10 07 2009

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**

Write or Type Committee Name  
Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		246225.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	246225.66									
(c) Total Receipts (from Line 19) .....	163935.30	163935.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	410160.96	410160.96								
7. Total Disbursements (from Line 31) .....	95306.78	95306.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	314854.18	314854.18								
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) .....	5000.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	85697.03	85957.03
(ii) Unitemized .....	68275.11	68015.11
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	153972.14	153972.14
(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) .....	153972.14	153972.14
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	9963.16	9963.16
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)) .....	163935.30	163935.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	163935.30	163935.30

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	22550.00	22550.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22550.00	22550.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	74250.00	74250.00
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 .....	-1243.22	-1243.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	-500.00	-500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	-1743.22	-1743.22
29. Other Disbursements.....	250.00	250.00
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))..	95306.78	95306.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95306.78	95306.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	153972.14	153972.14
34. Total Contribution Refunds (from Line 28(d)) .....	-1743.22	-1743.22
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	155715.36	155715.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22550.00	22550.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22550.00	22550.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 101  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) John R Akers		Date of Receipt MM / DD / YYYY 01 / 05 / 2009		
	Mailing Address 23514 P St		<b>Transaction ID:</b> C152741		
	City Elkhorn	State NE	Zip Code 68022	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer American Income Life		Occupation Insurance Agent		Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John R Akers		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 23514 P St		<b>Transaction ID:</b> C160199		
	City Elkhorn	State NE	Zip Code 68022	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer American Income Life		Occupation Insurance Agent		Aggregate Year-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Walter Allen		Date of Receipt MM / DD / YYYY 02 / 06 / 2009		
	Mailing Address 7419 Cuvier St		<b>Transaction ID:</b> C155993		
	City La Jolla	State CA	Zip Code 92037	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer OPEIU, LOCAL NO.30		Occupation Executive Director/Financial Officer		Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) Walter Allen		Date of Receipt
	Mailing Address 7419 Cuvier St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	La Jolla	CA	92037
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C158467</b>
Name of Employer OPEIU, LOCAL NO.30		Occupation Executive Director/Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	<input type="text"/> 40.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Walter Allen		Date of Receipt
	Mailing Address 7419 Cuvier St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	City	State	Zip Code
	La Jolla	CA	92037
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C161971</b>
Name of Employer OPEIU, LOCAL NO.30		Occupation Executive Director/Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	<input type="text"/> 40.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Walter Allen		Date of Receipt
	Mailing Address 7419 Cuvier St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	City	State	Zip Code
	La Jolla	CA	92037
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C164806</b>
Name of Employer OPEIU, LOCAL NO.30		Occupation Executive Director/Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	<input type="text"/> 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 101
	<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) Walter Allen		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 7419 Cuvier St		<b>Transaction ID:</b> C165333
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer OPEIU, LOCAL NO.30	Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

**B.**

Full Name (Last, First, Middle Initial) Walter Allen		Date of Receipt MM / DD / YYYY 05 / 21 / 2009
Mailing Address 7419 Cuvier St		<b>Transaction ID:</b> C165348
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer OPEIU, LOCAL NO.30	Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

**C.**

Full Name (Last, First, Middle Initial) Walter Allen		Date of Receipt MM / DD / YYYY 06 / 25 / 2009
Mailing Address 7419 Cuvier St		<b>Transaction ID:</b> C171733
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 45.00
Name of Employer OPEIU, LOCAL NO.30	Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 101

(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)

Richard Altig, Jr

Mailing Address 13911 49TH AVENUE CT NW

City State Zip Code  
GIG HARBOR WA 98332

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2898.00

Date of Receipt

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

Transaction ID: C151680

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 State Zip Code  
GIG HARBOR WA 98332

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2898.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: C161122

Amount of Each Receipt this Period

1656.00

**C.**

Full Name (Last, First, Middle Initial)

RICK ALTIG Jr

Mailing Address 15440 BEL-RED RD

City State Zip Code  
REDMOND WA 98052

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2912.00

Date of Receipt

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

Transaction ID: C151556

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 101

(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)  
RICK ALTIG Jr

Mailing Address 15440 BEL-RED RD

City State Zip Code  
REDMOND WA 98052

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2912.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: C161123

Amount of Each Receipt this Period

1664.00

**B.**

Full Name (Last, First, Middle Initial)  
Simon A Arias

Mailing Address 1200 Parkview Ln

City State Zip Code  
Broadview Heights OH 44147

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

Name of Employer Occupation  
American Income Life Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

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

Transaction ID: C152594

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Simon A Arias

Mailing Address 1200 Parkview Ln

City State Zip Code  
Broadview Heights OH 44147

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

Name of Employer Occupation  
American Income Life Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: C160510

Amount of Each Receipt this Period

400.00

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

2364.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 101  
(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 Bailey  
 Mailing Address 367 ADAMS DAIRY PRKWY  
 City State Zip Code  
 BLUE SPRINGS MO 64014  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 5 / 2 0 0 9  
**Transaction ID:** C151844  
 Amount of Each Receipt this Period  
 300.00  
 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 ▼ 700.00

**B.** Full Name (Last, First, Middle Initial)  
James Bailey  
 Mailing Address 367 ADAMS DAIRY PRKWY  
 City State Zip Code  
 BLUE SPRINGS MO 64014  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9  
**Transaction ID:** C160038  
 Amount of Each Receipt this Period  
 400.00  
 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 ▼ 700.00

**C.** Full Name (Last, First, Middle Initial)  
Susan L Bergh  
 Mailing Address 5653 Columbia Rd #202  
 City State Zip Code  
 Columbia MD 21044  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 5 / 2 0 0 9  
**Transaction ID:** C152910  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 12 / 101  
(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)  
Susan L Bergh  
Mailing Address 5653 Columbia Rd #202  
City Columbia State MD Zip Code 21044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: C159891  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Yaroslav Bitman  
Mailing Address 4704 Saratoga Falls Ln  
City Raleigh State NC Zip Code 27614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 01 / 05 / 2009  
Transaction ID: C152030  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Yaroslav Bitman  
Mailing Address 4704 Saratoga Falls Ln  
City Raleigh State NC Zip Code 27614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: C160129  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 101  
(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)  
Gary Bleier

Mailing Address 917A WINDFIELD PL

City State Zip Code  
APPLETON WI 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 ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

**Transaction ID:** C152258

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary Bleier

Mailing Address 917A WINDFIELD PL

City State Zip Code  
APPLETON WI 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 ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

**Transaction ID:** C161174

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
David W Brister

Mailing Address 105 WILLOW OAK LN

City State Zip Code  
MULLICAN HILLS NJ 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 ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

**Transaction ID:** C151585

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **820.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) David W Brister	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 105 WILLOW OAK LN	<b>Transaction ID:</b> C160239
	City State Zip Code MULLICAN HILLS NJ 08062	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tod Brown	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address 6674 Blackthorn Dr Apt H	<b>Transaction ID:</b> C152156
	City State Zip Code Indianapolis IN 46220	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tod Brown	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 6674 Blackthorn Dr Apt H	<b>Transaction ID:</b> C159686
	City State Zip Code Indianapolis IN 46220	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	510.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 101
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Cohen		Date of Receipt
	Mailing Address 5700 WILSHIRE BLVD STE 480		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Los Angeles	CA	90036
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C151683
Name of Employer American Income Life		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="450.00"/>
		<input type="text" value="1050.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Cohen		Date of Receipt
	Mailing Address 5700 WILSHIRE BLVD STE 480		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Los Angeles	CA	90036
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C158946
Name of Employer American Income Life		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="600.00"/>
		<input type="text" value="1050.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Micah A. COHEN		Date of Receipt
	Mailing Address 5700 WILSHIRE BLVD STE 480		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Los Angeles	CA	90036
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C151682
Name of Employer American Income Life		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="450.00"/>
		<input type="text" value="1050.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 101  
(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)  
Micah A. COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code  
Los Angeles CA 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** C158947

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
TYRONE ALLEN CONARD

Mailing Address 15581 ANDOVER HEIGHTS DR

City State Zip Code  
WOODBIDGE VA 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 ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID:** C151727

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 State Zip Code  
WOODBIDGE VA 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 ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** C161070

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 101  
(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)  
Demario M Cooper

Mailing Address 2624 LAUREL CHERRY ST

City State Zip Code  
RALEIGH NC 27612

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 ▼ 1840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: C151864

Amount of Each Receipt this Period  
1200.00

**B.**

Full Name (Last, First, Middle Initial)  
Demario M Cooper

Mailing Address 2624 LAUREL CHERRY ST

City State Zip Code  
RALEIGH NC 27612

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 ▼ 1840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: C160114

Amount of Each Receipt this Period  
640.00

**C.**

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

Mailing Address 1303 HEATHERWOOD DR #3B

City State Zip Code  
GRAND BLANC MI 48439

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 Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: C151663

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1960.00

**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 / 101  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
BRANDON CORKINS

Mailing Address 1303 HEATHERWOOD DR #3B

City State Zip Code  
GRAND BLANC MI 48439

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 Y  
03 / 26 / 2009

Transaction ID: C159930

Amount of Each Receipt this Period  
160.00

**B.**

Full Name (Last, First, Middle Initial)  
Edward Darcy, Sr

Mailing Address 10000 NW 22ND ST

City State Zip Code  
PEMBROKE PINES FL 33026

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

Name of Employer OPEIU Occupation Reg. Dir. State of FL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 343.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009

Transaction ID: C158542

Amount of Each Receipt this Period  
19.23

**C.**

Full Name (Last, First, Middle Initial)  
Edward Darcy, Sr

Mailing Address 10000 NW 22ND ST

City State Zip Code  
PEMBROKE PINES FL 33026

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

Name of Employer OPEIU Occupation Reg. Dir. State of FL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 343.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009

Transaction ID: C158541

Amount of Each Receipt this Period  
19.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► **198.46**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 101  
(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)  
Edward Darcy, Sr

Mailing Address 10000 NW 22ND ST

City State Zip Code  
PEMBROKE PINES FL 33026

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

Name of Employer Occupation  
OPEIU Reg. Dir. State of FL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 343.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 9

Transaction ID: C164652

Amount of Each Receipt this Period  
19.23

**B.**

Full Name (Last, First, Middle Initial)  
Edward Darcy, Sr

Mailing Address 10000 NW 22ND ST

City State Zip Code  
PEMBROKE PINES FL 33026

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

Name of Employer Occupation  
OPEIU Reg. Dir. State of FL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 343.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: C165201

Amount of Each Receipt this Period  
19.23

**C.**

Full Name (Last, First, Middle Initial)  
Edward Darcy, Sr

Mailing Address 10000 NW 22ND ST

City State Zip Code  
PEMBROKE PINES FL 33026

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

Name of Employer Occupation  
OPEIU Reg. Dir. State of FL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 343.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 9

Transaction ID: C168410

Amount of Each Receipt this Period  
166.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► 204.69

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

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

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

FOR LINE NUMBER: PAGE 20 / 101  
(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)  
Edward Darcy, Sr  
Mailing Address 10000 NW 22ND ST  
City State Zip Code  
PEMBROKE PINES FL 33026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
OPEIU Reg. Dir. State of FL  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 343.15  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9  
Transaction ID: C171682  
Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Cara A Defiore  
Mailing Address 4624 Terrang Trl  
City State Zip Code  
Machesney Park IL 61115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
AMERICAN INCOME LIFE INSURANCE 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 Y  
0 1 / 0 5 / 2 0 0 9  
Transaction ID: C152866  
Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
Cara A Defiore  
Mailing Address 4624 Terrang Trl  
City State Zip Code  
Machesney Park IL 61115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
AMERICAN INCOME LIFE INSURANCE 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 Y  
0 3 / 2 6 / 2 0 0 9  
Transaction ID: C159645  
Amount of Each Receipt this Period  
160.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 380.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 21 / 101  
(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)  
Narinder Dhillon

Mailing Address 637 BRODERICK DR NE

City State Zip Code  
CEDAR RAPIDS IA 52402

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      700.00

Date of Receipt  

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

**Transaction ID:** C152497

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Narinder Dhillon

Mailing Address 637 BRODERICK DR NE

City State Zip Code  
CEDAR RAPIDS IA 52402

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

**Transaction ID:** C159539

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph A Diecedue, III

Mailing Address 125 Grand Falls

City State Zip Code  
Conway AR 72032

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

Name of Employer AMERICAN INCOME LIFE INSURANCE      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      600.00

Date of Receipt  

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

**Transaction ID:** C152605

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 / 101  
(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)  
Joseph A Diecedue, III

Mailing Address 125 Grand Falls

City State Zip Code  
Conway AR 72032

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

Name of Employer AMERICAN INCOME LIFE INSURANCE  
Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

**Transaction ID:** C158794

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Barry F Dillah

Mailing Address 4350 STONECREST DR

City State Zip Code  
ELLIOTT CITY MD 21043

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 ▼  
700.00

Date of Receipt  

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

**Transaction ID:** C152006

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Barry F Dillah

Mailing Address 4350 STONECREST DR

City State Zip Code  
ELLIOTT CITY MD 21043

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 ▼  
700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

**Transaction ID:** C159822

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 / 101  
(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)  
DESISLAVA DIMITROVA  
 Mailing Address 2840 S DIAMOND BAR BLVD #48  
 City State Zip Code  
DIAMOND BAR CA 91765  
 Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009  
**Transaction ID:** C151878  
 Amount of Each Receipt this Period  
150.00  
 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 ▼ 350.00

**B.** Full Name (Last, First, Middle Initial)  
DESISLAVA DIMITROVA  
 Mailing Address 2840 S DIAMOND BAR BLVD #48  
 City State Zip Code  
DIAMOND BAR CA 91765  
 Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009  
**Transaction ID:** C158913  
 Amount of Each Receipt this Period  
200.00  
 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 ▼ 350.00

**C.** Full Name (Last, First, Middle Initial)  
Benjamin A Foti  
 Mailing Address 4533 WATERFORD WAY  
 City State Zip Code  
OAKLEY CA 94561  
 Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009  
**Transaction ID:** C159151  
 Amount of Each Receipt this Period  
800.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

**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 24 / 101  
(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)  
Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City State Zip Code  
CONCORD CA 94520

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  

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

**Transaction ID:** C152524

Amount of Each Receipt this Period  
600.00

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

Mailing Address 4071 PORT CHICAGO HWY ST 200

City State Zip Code  
CONCORD CA 94520

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

**Transaction ID:** C158931

Amount of Each Receipt this Period  
800.00

**C.** Full Name (Last, First, Middle Initial)  
Cindy Furer

Mailing Address 5677 Oberlin Dr Ste 210

City State Zip Code  
San Diego CA 92121

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  

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

**Transaction ID:** C152911

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2150.00**

**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 / 101  
(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) Cindy Furer		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 5677 Oberlin Dr Ste 210		<b>Transaction ID:</b> C158945
City San Diego	State CA	Zip Code 92121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

**B.**

Full Name (Last, First, Middle Initial) Eric Giglione		Date of Receipt MM / DD / YYYY 01 / 05 / 2009
Mailing Address 38 WINDSOR LN		<b>Transaction ID:</b> C151784
City LITTLE SILVER	State NJ	Zip Code 07739
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3443.22	

**C.**

Full Name (Last, First, Middle Initial) Eric Giglione		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 38 WINDSOR LN		<b>Transaction ID:</b> C160240
City LITTLE SILVER	State NJ	Zip Code 07739
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3443.22	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3400.00</b>
<b>TOTAL</b> This Period (last page this line 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 / 101  
(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)  
Carl Michael Goodwin

Mailing Address 54 E Pierrepont Ave

City Rutherford State NJ Zip Code 07070-2331

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

Name of Employer OPEIU Occupation PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID: C158537**  
 Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Carl Michael Goodwin

Mailing Address 54 E Pierrepont Ave

City Rutherford State NJ Zip Code 07070-2331

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

Name of Employer OPEIU Occupation PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID: C158538**  
 Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
Carl Michael Goodwin

Mailing Address 54 E Pierrepont Ave

City Rutherford State NJ Zip Code 07070-2331

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

Name of Employer OPEIU Occupation PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 04 / 08 / 2009  
**Transaction ID: C164650**  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 101  
(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) Carl Michael Goodwin		Date of Receipt MM / DD / YYYY 05 / 05 / 2009
Mailing Address 54 E Pierrepont Ave		<b>Transaction ID:</b> C165190
City Rutherford	State NJ	Zip Code 07070-2331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer OPEIU	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Carl Michael Goodwin		Date of Receipt MM / DD / YYYY 05 / 21 / 2009
Mailing Address 54 E Pierrepont Ave		<b>Transaction ID:</b> C165374
City Rutherford	State NJ	Zip Code 07070-2331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer OPEIU	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) Carl Michael Goodwin		Date of Receipt MM / DD / YYYY 06 / 01 / 2009
Mailing Address 54 E Pierrepont Ave		<b>Transaction ID:</b> C168399
City Rutherford	State NJ	Zip Code 07070-2331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer OPEIU	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line 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 / 101  
(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)  
Mark R Gorman

Mailing Address 10001 COORS BLVD BYPASS NW  
#1420

City State Zip Code  
ALBUQUERQUE NM 87114

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 ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID: C151554**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mark R Gorman

Mailing Address 10001 COORS BLVD BYPASS NW  
#1420

City State Zip Code  
ALBUQUERQUE NM 87114

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 ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID: C160298**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Arthur J GREENE

Mailing Address 1837 SQUIRREL VALLEY DR

City State Zip Code  
BLOOMFIELD HILLS MI 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 ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID: C151766**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 / 101  
(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)  
Arthur J GREENE  
 Mailing Address 1837 SQUIRREL VALLEY DR  
 City State Zip Code  
 BLOOMFIELD HILLS MI 48304  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2009  
**Transaction ID:** C159935  
 Amount of Each Receipt this Period  
 400.00  
 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 ▼ 700.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Greer  
 Mailing Address 43 Nocturne Woods PI  
 City State Zip Code  
 The Woodlands TX 77382  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 05 / 2009  
**Transaction ID:** C152856  
 Amount of Each Receipt this Period  
 900.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Greer  
 Mailing Address 43 Nocturne Woods PI  
 City State Zip Code  
 The Woodlands TX 77382  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2009  
**Transaction ID:** C160988  
 Amount of Each Receipt this Period  
 1200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**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 / 101  
(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 ▼ 2102.00  
Date of Receipt 01 / 05 / 2009  
Transaction ID: C151563  
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 ▼ 2102.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: C160688  
Amount of Each Receipt this Period 1202.00

**C.** Full Name (Last, First, Middle Initial)  
John Hancock  
Mailing Address 6284 RUCKER RD SUITE A  
City INDIANAPOLIS State IN Zip Code 46220  
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 ▼ 350.00  
Date of Receipt 01 / 05 / 2009  
Transaction ID: C151984  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2252.00  
**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 / 101  
(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 6284 RUCKER RD SUITE A

City State Zip Code  
INDIANAPOLIS IN 46220

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** C159684

Amount of Each Receipt this Period  
200.00

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

Mailing Address 12546 WALNUT RIDGE PL

City State Zip Code  
FISHERS IN 46038

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

Name of Employer AMERICAN INCOME LIFE INS. CO.      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 05 / 2009

**Transaction ID:** C151654

Amount of Each Receipt this Period  
900.00

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

Mailing Address 12546 WALNUT RIDGE PL

City State Zip Code  
FISHERS IN 46038

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

Name of Employer AMERICAN INCOME LIFE INS. CO.      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** C159694

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 32 / 101  
(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 Harris  
 Mailing Address 4311 W JACKSON  
 City State Zip Code  
 CHICAGO IL 60624  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 5 / 2 0 0 9  
**Transaction ID:** C152000  
 Amount of Each Receipt this Period  
 300.00  
 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

**B.** Full Name (Last, First, Middle Initial)  
Robert Harris  
 Mailing Address 826 ACTON DR  
 City State Zip Code  
 TOLEDO OH 43615  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9  
**Transaction ID:** C160519  
 Amount of Each Receipt this Period  
 400.00  
 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

**C.** Full Name (Last, First, Middle Initial)  
Steve Hartman  
 Mailing Address 3417 E NORWOOD CIR  
 City State Zip Code  
 MESA AZ 85213  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 5 / 2 0 0 9  
**Transaction ID:** C151924  
 Amount of Each Receipt this Period  
 900.00  
 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 ▼ 2100.00

**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 33 / 101  
(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)  
Steve Hartman

Mailing Address 3417 E NORWOOD CIR

City MESA State AZ Zip Code 85213

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 ▼ 2100.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: C158829  
Amount of Each Receipt this Period: 1200.00

**B.**

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

Mailing Address 4405 COX RD STE 110

City GLEN ALLEN State VA Zip Code 23060

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 01 / 05 / 2009  
Transaction ID: C152499  
Amount of Each Receipt this Period: 750.00

**C.**

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

Mailing Address 4405 COX RD STE 110

City GLEN ALLEN State VA Zip Code 23060

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: C161078  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2950.00

**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 / 101  
(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)  
Willie Hayden

Mailing Address 10 Kingsbury Rd

City State Zip Code  
Spencer MA 01562

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

**Transaction ID:** C152549

Amount of Each Receipt this Period  
90.00

**B.**

Full Name (Last, First, Middle Initial)  
Willie Hayden

Mailing Address 10 Kingsbury Rd

City State Zip Code  
Spencer MA 01562

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

**Transaction ID:** C159785

Amount of Each Receipt this Period  
120.00

**C.**

Full Name (Last, First, Middle Initial)  
William Heath

Mailing Address 2700 SUGAR MILL DR

City State Zip Code  
EVANSVILLE IN 47715

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

**Transaction ID:** C152614

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 101  
(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 2700 SUGAR MILL DR

City State Zip Code  
EVANSVILLE IN 47715

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 ▼ 350.00

Date of Receipt MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** C159668

Amount of Each Receipt this Period 200.00

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

Mailing Address 1235 SNUG HARBOR DR

City State Zip Code  
CASSELBERRY FL 32707

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID:** C151648

Amount of Each Receipt this Period 750.00

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

Mailing Address 1235 SNUG HARBOR DR

City State Zip Code  
CASSELBERRY FL 32707

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** C159377

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1950.00

**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 / 101  
(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 Hernandez  
 Mailing Address 3003 Douglas Ave #17  
 City State Zip Code  
 Dallas TX 75219  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 5 / 2 0 0 9  
**Transaction ID:** C152780  
 Amount of Each Receipt this Period  
 300.00  
 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 ▼ 700.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Hernandez  
 Mailing Address 3003 Douglas Ave #17  
 City State Zip Code  
 Dallas TX 75219  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9  
**Transaction ID:** C160905  
 Amount of Each Receipt this Period  
 400.00  
 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 ▼ 700.00

**C.** Full Name (Last, First, Middle Initial)  
MATTHEW HOGAN  
 Mailing Address 245 Providence Dr  
 City State Zip Code  
 Covington GA 30016  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 5 / 2 0 0 9  
**Transaction ID:** C152748  
 Amount of Each Receipt this Period  
 300.00  
 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 ▼ 700.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**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 / 101  
(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)  
MATTHEW HOGAN

Mailing Address 245 Providence Dr

City State Zip Code  
Covington GA 30016

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 ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** C159412

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT T HUGHES

Mailing Address 900 S Frontage Rd  
Ste 105

City State Zip Code  
Woodridge IL 60517

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  
03 / 26 / 2009

**Transaction ID:** C159573

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Robert T Hughes

Mailing Address 1244 S BAYOUWOOD DR

City State Zip Code  
LAKE CHARLES LA 70605

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  
01 / 05 / 2009

**Transaction ID:** C151691

Amount of Each Receipt this Period  
300.00

**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 38 / 101  
(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) John Jatoft		Date of Receipt MM / DD / YYYY 01 / 05 / 2009
Mailing Address 4071 PORT CHICAGO HWY Suite 200		<b>Transaction ID:</b> C151975
City CONCORD	State Zip Code CA 94520	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

**B.**

Full Name (Last, First, Middle Initial) John Jatoft		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 4071 PORT CHICAGO HWY Suite 200		<b>Transaction ID:</b> C158930
City CONCORD	State Zip Code CA 94520	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 800.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

**C.**

Full Name (Last, First, Middle Initial) Cindy Jeffries		Date of Receipt MM / DD / YYYY 04 / 08 / 2009
Mailing Address 838 Louisa St Suite A		<b>Transaction ID:</b> C164661
City Lansing	State Zip Code MI 48911-5200	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer OPEIU Local 459	Occupation Business Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1650.00</b>
<b>TOTAL</b> This Period (last page this line 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 / 101  
(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)  
Cindy Jeffries

Mailing Address 838 Louisa St  
Suite A

City State Zip Code  
Lansing MI 48911-5200

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

Name of Employer Occupation  
OPEIU Local 459 Business Representative

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 04 / 2009

**Transaction ID:** C168487

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
William Jennings

Mailing Address 17961 E EUCLID PL

City State Zip Code  
AURORA CO 80016

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 05 / 2009

**Transaction ID:** C151758

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
William Jennings

Mailing Address 17961 E EUCLID PL

City State Zip Code  
AURORA CO 80016

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** C159265

Amount of Each Receipt this Period  
800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1420.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) HORACE JOHNSON		Date of Receipt
	Mailing Address 12435 BLACK WATER CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	City	State	Zip Code
	JACKSONVILLE	FL	32223
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C151651
Name of Employer American Income Life		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) HORACE JOHNSON		Date of Receipt
	Mailing Address 12435 BLACK WATER CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	City	State	Zip Code
	JACKSONVILLE	FL	32223
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C159378
Name of Employer American Income Life		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00
		<input type="text"/> 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Julianna M Jones		Date of Receipt
	Mailing Address 331 Kendig Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	City	State	Zip Code
	Owings Mills	MD	21045
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C152804
Name of Employer AMERICAN INCOME LIFE INSURANCE		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 41 / 101  
(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)  
Julianna M Jones  
 Mailing Address 331 Kendig Dr  
 City Owings Mills State MD Zip Code 21045  
 Date of Receipt 03 / 26 / 2009  
 Transaction ID: C159876  
 Amount of Each Receipt this Period 200.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 250.00

**B.** Full Name (Last, First, Middle Initial)  
Terry Keller  
 Mailing Address 1137 Walpert St Apt 26  
 City Hayward State CA Zip Code 94541-6768  
 Date of Receipt 01 / 16 / 2009  
 Transaction ID: C153698  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer LOCAL 29 Occupation Business Rep  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 270.00

**C.** Full Name (Last, First, Middle Initial)  
Terry Keller  
 Mailing Address 1137 Walpert St Apt 26  
 City Hayward State CA Zip Code 94541-6768  
 Date of Receipt 03 / 02 / 2009  
 Transaction ID: C158516  
 Amount of Each Receipt this Period 40.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer LOCAL 29 Occupation Business Rep  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 270.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 290.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial) Terry Keller		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
Mailing Address 1137 Walpert St Apt 26		<b>Transaction ID:</b> C158656
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer LOCAL 29	Occupation Business Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**B.**

Full Name (Last, First, Middle Initial) Terry Keller		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
Mailing Address 1137 Walpert St Apt 26		<b>Transaction ID:</b> C164717
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer LOCAL 29	Occupation Business Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**C.**

Full Name (Last, First, Middle Initial) Terry Keller		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 1137 Walpert St Apt 26		<b>Transaction ID:</b> C165279
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer LOCAL 29	Occupation Business Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<b>TOTAL</b> This Period (last page this line 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 / 101  
(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)  
Terry Keller

Mailing Address 1137 Walpert St  
Apt 26

City Hayward State CA Zip Code 94541-6768

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

Name of Employer LOCAL 29 Occupation Business Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: MM / DD / YYYY  
05 / 21 / 2009

Transaction ID: C165341

Amount of Each Receipt this Period: 10.00

**B.**

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

Mailing Address 1137 Walpert St  
Apt 26

City Hayward State CA Zip Code 94541-6768

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

Name of Employer LOCAL 29 Occupation Business Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: MM / DD / YYYY  
06 / 15 / 2009

Transaction ID: C171270

Amount of Each Receipt this Period: 40.00

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN KING

Mailing Address 24324 LYNWOOD DR

City NOVI State MI Zip Code 48374

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: MM / DD / YYYY  
01 / 05 / 2009

Transaction ID: C151849

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 101  
(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 24324 LYNWOOD DR

City State Zip Code  
NOVI MI 48374

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** C159941

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Adam Kiss

Mailing Address 89 HIGHLAND AVE

City State Zip Code  
EASTCHESTER NY 10709

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

Name of Employer National Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 05 / 2009

**Transaction ID:** C152241

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Adam Kiss

Mailing Address 89 HIGHLAND AVE

City State Zip Code  
EASTCHESTER NY 10709

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

Name of Employer National Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** C160499

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 45 / 101  
(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)  
SCOTT LATTA

Mailing Address 2691 Edmund Dr

City State Zip Code  
Gulf Breeze FL 32563

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 1 / 0 5 / 2 0 0 9

Transaction ID: C151866

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
SCOTT LATTA

Mailing Address 2691 Edmund Dr

City State Zip Code  
Gulf Breeze FL 32563

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 3 / 2 6 / 2 0 0 9

Transaction ID: C159742

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia G Lee

Mailing Address 6809 JAKE BARNS CT

City State Zip Code  
JOHNSTON IA 50131

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 ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: C152161

Amount of Each Receipt this Period  
300.00

**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 46 / 101

(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)  
Patricia G Lee

Mailing Address 6809 JAKE BARNES CT

City State Zip Code  
JOHNSTON IA 50131

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

Name of Employer Occupation  
American Income Life Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: C159535

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)  
Tina Marie Littleton

Mailing Address 2619 Dalton Ave

City State Zip Code  
Los Angeles CA 90018-2725

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

Name of Employer Occupation  
OPEIU LOCAL NO. 537 Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
270.00

Date of Receipt

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

Transaction ID: C153690

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)  
Tina Marie Littleton

Mailing Address 2619 Dalton Ave

City State Zip Code  
Los Angeles CA 90018-2725

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

Name of Employer Occupation  
OPEIU LOCAL NO. 537 Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
270.00

Date of Receipt

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

Transaction ID: C155940

Amount of Each Receipt this Period

50.00

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

490.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) Tina Marie Littleton		Date of Receipt
	Mailing Address 2619 Dalton Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 02 / 2009
	City	State	Zip Code
	Los Angeles	CA	90018-2725
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C158526
Name of Employer OPEIU LOCAL NO. 537		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/> 40.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Tina Marie Littleton		Date of Receipt
	Mailing Address 2619 Dalton Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 30 / 2009
	City	State	Zip Code
	Los Angeles	CA	90018-2725
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C161865
Name of Employer OPEIU LOCAL NO. 537		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/> 40.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Tina Marie Littleton		Date of Receipt
	Mailing Address 2619 Dalton Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 21 / 2009
	City	State	Zip Code
	Los Angeles	CA	90018-2725
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C165365
Name of Employer OPEIU LOCAL NO. 537		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/> 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 90.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial) Tina Marie Littleton		Date of Receipt MM / DD / YYYY 05 / 29 / 2009
Mailing Address 2619 Dalton Ave		<b>Transaction ID:</b> C168398
City Los Angeles	State CA	Zip Code 90018-2725
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer OPEIU LOCAL NO. 537	Occupation Vice President	
Receipt For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**B.**

Full Name (Last, First, Middle Initial) Tina Marie Littleton		Date of Receipt MM / DD / YYYY 06 / 29 / 2009
Mailing Address 2619 Dalton Ave		<b>Transaction ID:</b> C171741
City Los Angeles	State CA	Zip Code 90018-2725
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer OPEIU LOCAL NO. 537	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**C.**

Full Name (Last, First, Middle Initial) Joe Manone		Date of Receipt MM / DD / YYYY 01 / 05 / 2009
Mailing Address N89 W15883 MAIN ST Suite 101		<b>Transaction ID:</b> C152280
City MENOMONEE FALLS	State WI	Zip Code 53051
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	990.00
<b>TOTAL</b> This Period (last page this line 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 / 101  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Joe Manone		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address N89 W15883 MAIN ST Suite 101		<b>Transaction ID:</b> C161175
City MENOMONEE FALLS	State WI	Zip Code 53051
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

**B.**

Full Name (Last, First, Middle Initial) Rick Mansfield		Date of Receipt MM / DD / YYYY 01 / 05 / 2009
Mailing Address 11230 W Meadowriver Dr		<b>Transaction ID:</b> C151609
City Star	State ID	Zip Code 83669
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer AMERICAN INCOME LIFE INS. CO	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

**C.**

Full Name (Last, First, Middle Initial) Rick Mansfield		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 11230 W Meadowriver Dr		<b>Transaction ID:</b> C159559
City Star	State ID	Zip Code 83669
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 320.00
Name of Employer AMERICAN INCOME LIFE INS. CO	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1760.00
<b>TOTAL</b> This Period (last page this line 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 / 101  
(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)  
Tim R McAdams

Mailing Address 3645 MARKETPLACE BLVD #130-298

City EAST POINT State GA Zip Code 30344

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 01 / 05 / 2009  
**Transaction ID: C151966**  
 Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Tim R McAdams

Mailing Address 3645 MARKETPLACE BLVD #130-298

City EAST POINT State GA Zip Code 30344

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: C159820**  
 Amount of Each Receipt this Period: 400.00

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

Mailing Address 4537 Cove Dr Apt B

City Carlsbad State CA Zip Code 92008

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 01 / 05 / 2009  
**Transaction ID: C152017**  
 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 51 / 101  
(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)  
John McCreary

Mailing Address 4537 Cove Dr  
Apt B

City Carlsbad State CA Zip Code 92008

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

**Transaction ID:** C158934

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Carla Miller

Mailing Address 751 JACOBS MILL POND RD #814

City ELGIN State SC Zip Code 29045

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

**Transaction ID:** C152498

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Carla Miller

Mailing Address 751 JACOBS MILL POND RD #814

City ELGIN State SC Zip Code 29045

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

**Transaction ID:** C160781

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 101

(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)

Darren K Miller

Mailing Address 1700 RADFORD PL

City State Zip Code  
THE VILLAGES FL 32162

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

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

Transaction ID: C152553

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Darren K Miller

Mailing Address 1700 RADFORD PL

City State Zip Code  
THE VILLAGES FL 32162

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: C161164

Amount of Each Receipt this Period

400.00

**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 Occupation  
American Income Life 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 1 / 0 5 / 2 0 0 9

Transaction ID: C152262

Amount of Each Receipt this Period

120.00

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

820.00

**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 / 101  
(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 Linden State MI Zip Code 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 ▼ 280.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: C159928**  
 Amount of Each Receipt this Period: 160.00

**B.**

Full Name (Last, First, Middle Initial)  
Travis P Moody

Mailing Address 509 Mallard Creek Rd

City Louisville State KY Zip Code 40207

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 ▼ 700.00

Date of Receipt: 01 / 05 / 2009  
**Transaction ID: C152891**  
 Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Travis P Moody

Mailing Address 509 Mallard Creek Rd

City Louisville State KY Zip Code 40207

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 ▼ 700.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: C159751**  
 Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 860.00

**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 / 101  
(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)  
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 ▼ 350.00  
Date of Receipt 01 / 05 / 2009  
Transaction ID: C151930  
Amount of Each Receipt this Period 150.00

**B.** 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 ▼ 350.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: C159370  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Eric J Neal  
Mailing Address 1355 Woodside Dr  
City Arnold State MO Zip Code 63010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00  
Date of Receipt 01 / 05 / 2009  
Transaction ID: C152639  
Amount of Each Receipt this Period 900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**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 / 101  
(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 J Neal

Mailing Address 1355 Woodside Dr

City State Zip Code  
Arnold MO 63010

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

**Transaction ID:** C160035

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
ALFRED O'CONNOR

Mailing Address 4626 Manitou Bay

City State Zip Code  
San Antonio TX 78259

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      700.00

Date of Receipt  

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

**Transaction ID:** C152867

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
ALFRED O'CONNOR

Mailing Address 4626 Manitou Bay

City State Zip Code  
San Antonio TX 78259

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

**Transaction ID:** C160911

Amount of Each Receipt this Period  
400.00

**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 56 / 101  
(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)  
DURHON RENA R OLDHAM

Mailing Address 1995 HARRIS RD

City State Zip Code  
PENFIELD NY 14526

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2400.00

Date of Receipt  

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

**Transaction ID: C151783**  
 Amount of Each Receipt this Period  
 1200.00

**B.** Full Name (Last, First, Middle Initial)  
DURHON RENA R OLDHAM

Mailing Address 1995 HARRIS RD

City State Zip Code  
PENFIELD NY 14526

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

**Transaction ID: C160412**  
 Amount of Each Receipt this Period  
 1200.00

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

Mailing Address 26561 W HGHLAND DR

City State Zip Code  
CHANNAHON IL 60410

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2800.00

Date of Receipt  

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

**Transaction ID: C151865**  
 Amount of Each Receipt this Period  
 1200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**

**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 / 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT OLSON, Jr		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 26561 W HGHLAND DR		<b>Transaction ID:</b> C159590		
	City CHANNAHON	State IL	Zip Code 60410	Amount of Each Receipt this Period 1600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2800.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL P O'ROURKE		Date of Receipt MM / DD / YYYY 01 / 05 / 2009		
	Mailing Address 1935 KESHA CT		<b>Transaction ID:</b> C151777		
	City PACIFIC	State MO	Zip Code 63069	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL P O'ROURKE		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 1935 KESHA CT		<b>Transaction ID:</b> C160036		
	City PACIFIC	State MO	Zip Code 63069	Amount of Each Receipt this Period 160.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1880.00
<b>TOTAL</b> This Period (last page this line 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 / 101

(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)  
David J Orrico

Mailing Address 1018 SCARLET OAK LN

City State Zip Code  
MANDEVILLE LA 70448

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: C151569

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
David J Orrico

Mailing Address 1018 SCARLET OAK LN

City State Zip Code  
MANDEVILLE LA 70448

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: C159766

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Pope

Mailing Address 3710 TOLLAND ROAD

City State Zip Code  
SHAKER HEIGHTS OH 44122

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ -260.00

Date of Receipt

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

Transaction ID: C151780

Amount of Each Receipt this Period

60.00

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

410.00

**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 / 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Pope		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 3710 TOLLAND ROAD		<b>Transaction ID:</b> C160544
	City SHAKER HEIGHTS	State OH	Zip Code 44122
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period -320.00
	Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ -260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Phillip R Pope		Date of Receipt MM / DD / YYYY 04 / 08 / 2009
	Mailing Address 110 Greenbriar Drive		<b>Transaction ID:</b> C164662
	City Knoxville	State TN	Zip Code 37919
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer OPEIU Local #2001	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia Priloh		Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 303 Diamond Ave		<b>Transaction ID:</b> C158546
	City Brownsville	State PA	Zip Code 15417-8645
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer OPEIU	Occupation Vice President/Int'l Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>-40.00</b>
<b>TOTAL</b> This Period (last page this line 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 / 101  
(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)  
Patricia Priloh

Mailing Address 303 Diamond Ave

City State Zip Code  
Brownsville PA 15417-8645

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

Name of Employer Occupation  
OPEIU Vice President/Int'l Rep.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** C158545

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Priloh

Mailing Address 303 Diamond Ave

City State Zip Code  
Brownsville PA 15417-8645

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

Name of Employer Occupation  
OPEIU Vice President/Int'l Rep.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C164654

Amount of Each Receipt this Period  
280.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Priloh

Mailing Address 303 Diamond Ave

City State Zip Code  
Brownsville PA 15417-8645

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

Name of Employer Occupation  
OPEIU Vice President/Int'l Rep.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2009

**Transaction ID:** C165195

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **340.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 101  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Patricia Priloh

Mailing Address 303 Diamond Ave

City State Zip Code  
Brownsville PA 15417-8645

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

Name of Employer Occupation  
OPEIU Vice President/Int'l Rep.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID:** C168404

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Priloh

Mailing Address 303 Diamond Ave

City State Zip Code  
Brownsville PA 15417-8645

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

Name of Employer Occupation  
OPEIU Vice President/Int'l Rep.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** C168484

Amount of Each Receipt this Period  
10.00

**C.**

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

Mailing Address 1153 Thistle Ln

City State Zip Code  
Lebanon OH 45036

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID:** C152589

Amount of Each Receipt this Period  
240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 280.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 101  
(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 J Rehberg  
Mailing Address 1153 Thistle Ln  
City Lebanon State OH Zip Code 45036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 560.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: C160526  
Amount of Each Receipt this Period 320.00

**B.** Full Name (Last, First, Middle Initial)  
Jeff S Ribman  
Mailing Address 333 1St St Apt E119  
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 ▼ 700.00  
Date of Receipt 01 / 05 / 2009  
Transaction ID: C152807  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Jeff S Ribman  
Mailing Address 333 1St St Apt E119  
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 ▼ 700.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: C158923  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1020.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 101
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marc E Rosen		Date of Receipt MM / DD / YYYY 01 / 05 / 2009		
	Mailing Address 96 Rivington Ave		<b>Transaction ID:</b> C152273		
	City Staten Island	State NY	Zip Code 10314	Amount of Each Receipt this Period 900.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Income Life	Occupation Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
2100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Marc E Rosen		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 96 Rivington Ave		<b>Transaction ID:</b> C160355		
	City Staten Island	State NY	Zip Code 10314	Amount of Each Receipt this Period 1200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Income Life	Occupation Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
2100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) TORRENCE ROWELL		Date of Receipt MM / DD / YYYY 01 / 05 / 2009		
	Mailing Address 8200 Haven Ave #11-211		<b>Transaction ID:</b> C153001		
	City Rancho Cucamonga	State CA	Zip Code 91730	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
280.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2220.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 64 / 101  
(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)  
TORRENCE ROWELL

Mailing Address 8200 Haven Ave #11-211

City Rancho Cucamonga State CA Zip Code 91730

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: 03 / 26 / 2009  
**Transaction ID: C158966**  
 Amount of Each Receipt this Period: 160.00

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

Mailing Address PO Box 149

City Carmichael State CA Zip Code 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 01 / 16 / 2009  
**Transaction ID: C153696**  
 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/Business Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID: C158514**  
 Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 101  
(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)  
Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code  
Carmichael CA 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** C158654

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code  
Carmichael CA 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C164715

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code  
Carmichael CA 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2009

**Transaction ID:** C165277

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 66 / 101  
(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/Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00  
Date of Receipt 05 / 21 / 2009  
Transaction ID: C165346  
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/Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00  
Date of Receipt 06 / 15 / 2009  
Transaction ID: C171268  
Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
Paul D Rumbuc  
Mailing Address 3570 MAGNOLOIA CT  
City OAKLAND TOWNSHIP State MI Zip Code 48363  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2800.00  
Date of Receipt 01 / 05 / 2009  
Transaction ID: C151946  
Amount of Each Receipt this Period 1200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1260.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 101  
(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)  
Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City State Zip Code  
OAKLAND TOWNSHIP MI 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 ▼  
2800.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: C159925

Amount of Each Receipt this Period  
1600.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Sanchez

Mailing Address 344 Rock Creek Way

City State Zip Code  
Pleasant Hill CA 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 ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2009

Transaction ID: C153697

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Sanchez

Mailing Address 344 Rock Creek Way

City State Zip Code  
Pleasant Hill CA 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 ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: C158515

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1690.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
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 ▼ 270.00

Date of Receipt 03 / 16 / 2009

**Transaction ID:** C158655

Amount of Each Receipt this Period 40.00

**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 ▼ 270.00

Date of Receipt 04 / 17 / 2009

**Transaction ID:** C164716

Amount of Each Receipt this Period 50.00

**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 ▼ 270.00

Date of Receipt 05 / 15 / 2009

**Transaction ID:** C165278

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 69 / 101  
(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 ▼ 270.00

Date of Receipt: 05 / 21 / 2009  
**Transaction ID: C165347**  
 Amount of Each Receipt this Period: 10.00

**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 ▼ 270.00

Date of Receipt: 06 / 15 / 2009  
**Transaction ID: C171269**  
 Amount of Each Receipt this Period: 40.00

**C.** Full Name (Last, First, Middle Initial)  
Aaron Sanders

Mailing Address 464 Grandwoods Dr

City Lansing State MI Zip Code 48917

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

Name of Employer Local 512 Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 04 / 08 / 2009  
**Transaction ID: C164663**  
 Amount of Each Receipt this Period: 250.00

**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 70 / 101

(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)

Aaron Sanders

Mailing Address 464 Grandwoods Dr

City State Zip Code  
Lansing MI 48917

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

Name of Employer Local 512 Occupation President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: C168490

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

BETH SNOW

Mailing Address 1909 WESTOVER DR

City State Zip Code  
PLEASANT HILL CA 94523

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 ▼ 380.00

Date of Receipt

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

Transaction ID: C151773

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

BETH SNOW

Mailing Address 1909 WESTOVER DR

City State Zip Code  
PLEASANT HILL CA 94523

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 ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: C158895

Amount of Each Receipt this Period

320.00

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

390.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 101  
(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)  
Curt D. Snow

Mailing Address 827 BUCKINGHAM PLACE

City DANVILLE State CA Zip Code 94506

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

Name of Employer American Income Life Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: C159231**  
 Amount of Each Receipt this Period: 320.00

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

Mailing Address 2321 HENNEPIN DR

City SAINT LOUIS State MO Zip Code 63114

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 ▼ 700.00

Date of Receipt: 01 / 05 / 2009  
**Transaction ID: C151832**  
 Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Sonnenberg

Mailing Address 2321 HENNEPIN DR

City SAINT LOUIS State MO Zip Code 63114

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 ▼ 700.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: C160026**  
 Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1020.00

**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 / 101  
(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)  
Christopher Stephens

Mailing Address 1466 SANTA TERESA DR

City State Zip Code  
PITTSBURG CA 94565

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

Name of Employer American Income Life Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** C159028

Amount of Each Receipt this Period  
320.00

**B.**

Full Name (Last, First, Middle Initial)  
James Surace

Mailing Address 12301 RIDGE RD

City State Zip Code  
CLEVELAND OH 44133

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

Name of Employer American Income Life  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2912.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID:** C152527

Amount of Each Receipt this Period  
1248.00

**C.**

Full Name (Last, First, Middle Initial)  
James Surace

Mailing Address 12301 RIDGE RD

City State Zip Code  
CLEVELAND OH 44133

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

Name of Employer American Income Life  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2912.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** C160567

Amount of Each Receipt this Period  
1664.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3232.00**

**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 / 101  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)  
Suzanne Terry

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

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

Name of Employer CWA Local 2201 Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: 01 / 06 / 2009  
**Transaction ID: C153692**  
 Amount of Each Receipt this Period: 38.48

**B.**

Full Name (Last, First, Middle Initial)  
Suzanne Terry

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

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

Name of Employer CWA Local 2201 Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: 02 / 04 / 2009  
**Transaction ID: C155944**  
 Amount of Each Receipt this Period: 38.48

**C.**

Full Name (Last, First, Middle Initial)  
Suzanne Terry

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

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

Name of Employer CWA Local 2201 Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: 03 / 04 / 2009  
**Transaction ID: C158528**  
 Amount of Each Receipt this Period: 38.48

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.44**

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

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

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

FOR LINE NUMBER: PAGE 74 / 101

(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)  
Suzanne Terry

Mailing Address 818 Appomattox St

City State Zip Code  
Hopewell VA 23860

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

Name of Employer Occupation  
CWA Local 2201 staff

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Transaction ID: C164647

Amount of Each Receipt this Period

38.48

**B.**

Full Name (Last, First, Middle Initial)  
Suzanne Terry

Mailing Address 818 Appomattox St

City State Zip Code  
Hopewell VA 23860

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

Name of Employer Occupation  
CWA Local 2201 staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt

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

Transaction ID: C165189

Amount of Each Receipt this Period

38.48

**C.**

Full Name (Last, First, Middle Initial)  
Suzanne Terry

Mailing Address 818 Appomattox St

City State Zip Code  
Hopewell VA 23860

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

Name of Employer Occupation  
CWA Local 2201 staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	9

Transaction ID: C168420

Amount of Each Receipt this Period

38.48

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

115.44

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

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

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

FOR LINE NUMBER: PAGE 75 / 101  
(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)  
Dustin W Venekamp  
Mailing Address 751 Roosevelt Rd Ste 212  
City State Zip Code  
Glen Ellyn IL 60137  
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 ▼ 700.00  
Date of Receipt MM / DD / YYYY  
01 / 05 / 2009  
Transaction ID: C152978  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dustin W Venekamp  
Mailing Address 751 Roosevelt Rd Ste 212  
City State Zip Code  
Glen Ellyn IL 60137  
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 ▼ 700.00  
Date of Receipt MM / DD / YYYY  
03 / 26 / 2009  
Transaction ID: C159604  
Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
RODNEY WARD  
Mailing Address 18944 EMIT RD  
City State Zip Code  
BROWNSTOWN MI 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 ▼ 700.00  
Date of Receipt MM / DD / YYYY  
01 / 05 / 2009  
Transaction ID: C151770  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**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 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) RODNEY WARD		Date of Receipt																					
	Mailing Address 18944 EMIT RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	6		2	0	0	9														
	City State Zip Code BROWNSTOWN MI 48192		<b>Transaction ID:</b> C159936																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00																						
Name of Employer American Income Life		Occupation Insurance Agent																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Jacqueline K. White-brown		Date of Receipt																					
	Mailing Address 128 W Olive Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		0	5		2	0	0	9														
	City State Zip Code Monrovia CA 91016-3410		<b>Transaction ID:</b> C153689																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00																						
Name of Employer OPEIU LOCAL 537		Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Jacqueline K. White-brown		Date of Receipt																					
	Mailing Address 128 W Olive Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		0	2		2	0	0	9														
	City State Zip Code Monrovia CA 91016-3410		<b>Transaction ID:</b> C155939																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00																						
Name of Employer OPEIU LOCAL 537		Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	490.00
<b>TOTAL</b> This Period (last page this line 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 / 101  
(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)  
Jacqueline K. White-brown  
Mailing Address 128 W Olive Ave  
City State Zip Code  
Monrovia CA 91016-3410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
OPEIU LOCAL 537  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 03 / 02 / 2009  
Transaction ID: C158525  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Jacqueline K. White-brown  
Mailing Address 128 W Olive Ave  
City State Zip Code  
Monrovia CA 91016-3410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
OPEIU LOCAL 537  
Receipt For:  Primary  General  Other (specify) ▼ 2009  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 03 / 30 / 2009  
Transaction ID: C161864  
Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
Jacqueline K. White-brown  
Mailing Address 128 W Olive Ave  
City State Zip Code  
Monrovia CA 91016-3410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
OPEIU LOCAL 537  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 05 / 01 / 2009  
Transaction ID: C165188  
Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 78 / 101  
(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)  
Jacqueline K. White-brown  
Mailing Address 128 W Olive Ave  
City State Zip Code  
Monrovia CA 91016-3410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
OPEIU LOCAL 537  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 05 / 21 / 2009  
Transaction ID: C165370  
Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
Jacqueline K. White-brown  
Mailing Address 128 W Olive Ave  
City State Zip Code  
Monrovia CA 91016-3410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
OPEIU LOCAL 537  
Receipt For:  Primary  General  Other (specify) ▼ 2009  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 05 / 29 / 2009  
Transaction ID: C168397  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Jacqueline K. White-brown  
Mailing Address 128 W Olive Ave  
City State Zip Code  
Monrovia CA 91016-3410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
OPEIU LOCAL 537  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 06 / 29 / 2009  
Transaction ID: C171740  
Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00  
**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 / 101  
(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)  
Robert G Whittinghill

Mailing Address 5677 OBERLIN DR STE 210

City State Zip Code  
SAN DIEGO CA 92121

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

Name of Employer American Income Life Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

Transaction ID: C153020

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert G Whittinghill

Mailing Address 5677 OBERLIN DR STE 210

City State Zip Code  
SAN DIEGO CA 92121

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

Name of Employer American Income Life Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: C159185

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
CYNTHIA WILHELMI

Mailing Address 300 45Th St Sw Ste 135

City State Zip Code  
Fargo ND 58103

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 ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

Transaction ID: C152779

Amount of Each Receipt this Period  
3.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **753.00**

**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 / 101  
(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)  
CYNTHIA WILHELMI

Mailing Address 300 45Th St Sw Ste 135

City State Zip Code  
Fargo ND 58103

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 ▼ 304.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 26 / 2009

Transaction ID: C160181

Amount of Each Receipt this Period 301.00

**B.** Full Name (Last, First, Middle Initial)  
Gary D Williams

Mailing Address 531 STILLWATER DR NW

City State Zip Code  
MARIETTA GA 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 ▼ 700.00

Date of Receipt M M / D D / Y Y Y Y Y  
01 / 05 / 2009

Transaction ID: C152079

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 State Zip Code  
MARIETTA GA 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 ▼ 700.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 26 / 2009

Transaction ID: C159402

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1001.00

**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 / 101  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Williams		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 10246 SW 22nd PL		<b>Transaction ID:</b> C159375		
	City DAVIE	State FL	Zip Code 33324	Amount of Each Receipt this Period 1600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life	Occupation Insurance Agent	Aggregate Year-to-Date 2200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Tom B Williams		Date of Receipt MM / DD / YYYY 01 / 05 / 2009		
	Mailing Address 10246 Sw 22Nd Pl		<b>Transaction ID:</b> C152560		
	City Davie	State FL	Zip Code 33324	Amount of Each Receipt this Period 1200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AMERICAN INCOME LIFE INSURANCE	Occupation Insurance Agent	Aggregate Year-to-Date 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Judith J Zenk		Date of Receipt MM / DD / YYYY 04 / 08 / 2009		
	Mailing Address PO Box 413		<b>Transaction ID:</b> C164664		
	City Grapeview	State WA	Zip Code 98546	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OPEIU Local 23	Occupation Business Representative	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3050.00
<b>TOTAL</b> This Period (last page this line 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 / 101

(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)  
David Zophin

Mailing Address 101 GROUSE HILL RD

City State Zip Code  
GLASTONBURY CT 06033

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2800.00

Date of Receipt

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

Transaction ID: C151561

Amount of Each Receipt this Period

1200.00
---------

**B.**

Full Name (Last, First, Middle Initial)  
David Zophin

Mailing Address 101 GROUSE HILL RD

City State Zip Code  
GLASTONBURY CT 06033

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: C159327

Amount of Each Receipt this Period

1600.00
---------

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

2800.00
---------

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

85697.03
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 101  
(check only one)

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

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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)  
CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1873.86

Date of Receipt: 01 / 01 / 2009  
**Transaction ID: C171241**  
 Amount of Each Receipt this Period: 309.57

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

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1873.86

Date of Receipt: 01 / 01 / 2009  
**Transaction ID: C171240**  
 Amount of Each Receipt this Period: 823.12

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

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1873.86

Date of Receipt: 05 / 31 / 2009  
**Transaction ID: C171242**  
 Amount of Each Receipt this Period: 676.37

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1809.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 101
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) CITIBANK, F.S.B.		Date of Receipt
	Mailing Address 1101 Pennsylvania Avenue, N.W.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C171786</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1873.86	<input type="text"/> 64.80

<b>B.</b>	Full Name (Last, First, Middle Initial) J. B. Moss Vote (OPEIU)		Date of Receipt
	Mailing Address 1660 L STREET, NW SUITE 801		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee. <b>C</b> C00007898		<b>Transaction ID: C171243</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 8089.30	<input type="text"/> 8089.30

ADJ BAL FOR UNFOUND DIFF

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 8154.10
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 9963.16

B. Form/Schedule : **SA17**  
Transaction ID : **C171243**

ADJUSTMENT FOR UNFOUND BALANCE DIFFERENCE WITH BANK. HAVE RESEARCHED PRIOR YEARS AND  
TE. INTEREST WAS NOT ENTERED AND CONTRIBUTIONS MAY HAVE BEEN OVERSTATED.

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD	Transaction ID: D490 Date of Disbursement
	Mailing Address PO BOX 270701	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WEST HARTFORD State CT Zip Code 06127	Amount of Each Disbursement this Period
	Purpose of Disbursement May 21st Event	<input type="text" value="2000.00"/>
	Candidate Name Chris Dodd	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Barrow	Transaction ID: D495 Date of Disbursement
	Mailing Address P.O. Box 8166	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period
	Purpose of Disbursement GA-12th District	<input type="text" value="2500.00"/>
	Candidate Name John Barrow	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Al Franken	Transaction ID: D499 Date of Disbursement
	Mailing Address PO Box 583144	<input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Minneapolis State MN Zip Code 55458	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Al Franken	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) Al Franken <hr/> Mailing Address PO Box 583144 <hr/> City State Zip Code Minneapolis MN 55458 <hr/> Purpose of Disbursement <hr/> Candidate Name Al Franken <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ O	Transaction ID: D500 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2009 <hr/> Amount of Each Disbursement this Period -5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Jim Holbert <hr/> Mailing Address 189 Clay Lucas Drive <hr/> City State Zip Code London KY 40744 <hr/> Purpose of Disbursement KY-Congress <hr/> Candidate Name Jim Holbert <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D493 Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Ngp Software <hr/> Mailing Address 5505 Connecticut Ave NW # 277 <hr/> City State Zip Code Washington DC 20015-2601 <hr/> Purpose of Disbursement PAC Software <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ O	Transaction ID: D497 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Opeiu Local No. 153	Transaction ID: D498 Date of Disbursement 03 / 11 / 2009
	Mailing Address 265 W 14th St Ste 612	Amount of Each Disbursement this Period 4500.00
	City New York State NY Zip Code 10011-7179	
	Purpose of Disbursement PAC to PAC Contribution Candidate Name Opeiu Local No. 153 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Van Hollen For Congress	Transaction ID: D496 Date of Disbursement 03 / 04 / 2009
	Mailing Address 10605 Concord St	Amount of Each Disbursement this Period 5000.00
	City Kensington State MD Zip Code 20895-2504	
	Purpose of Disbursement Congress Candidate Name Van Hollen For Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

C.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: D506 Date of Disbursement 04 / 08 / 2009
	Mailing Address 232 NE 9TH AVENUE	Amount of Each Disbursement this Period 5000.00
	City PORTLAND State OR Zip Code 97232	
	Purpose of Disbursement Senatorial Campaign 2010 Candidate Name Ronald Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	14500.00
<b>TOTAL</b> This Period (last page this line number only) .....	22500.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) AL FRANKEN FOR SENATE	Transaction ID: D501 Date of Disbursement
	Mailing Address PO BOX 583144	<input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="2009"/>
	City MINNEAPOLIS State MN Zip Code 55458	Amount of Each Disbursement this Period
	Purpose of Disbursement Recount	<input type="text" value="5000.00"/>
	Candidate Name AL FRANKEN FOR SENATE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mark Begich	Transaction ID: D485 Date of Disbursement
	Mailing Address PO Box 240287	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Anchorage State AK Zip Code 99524	Amount of Each Disbursement this Period
	Purpose of Disbursement Voided Check	<input type="text" value="-5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign	Transaction ID: D473 Date of Disbursement
	Mailing Address 430 S Capitol St SE	<input type="text" value="01"/> <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Membership Contribution	<input type="text" value="15000.00"/>
	Candidate Name Democratic Congressional Campaign	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Comm.</p> <p>Mailing Address PO BOX 96047</p> <p>City Washington State DC Zip Code 20077</p> <p>Purpose of Disbursement 2009 Membership Contribution</p> <p>Candidate Name Democratic Senatorial Campaign Comm.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: O</p>	<p><b>Transaction ID:</b> D474 <b>Date of Disbursement</b> 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER</p> <p>Mailing Address 509 MADISON AVE SUITE 1902</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement Breakfast with the Labor Community</p> <p>Candidate Name FRIENDS OF SCHUMER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 00</p>	<p><b>Transaction ID:</b> D491 <b>Date of Disbursement</b> 01 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER</p> <p>Mailing Address 509 MADISON AVE SUITE 1902</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement 2010 General Election</p> <p>Candidate Name FRIENDS OF SCHUMER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 00</p>	<p><b>Transaction ID:</b> D494 <b>Date of Disbursement</b> 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

25000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gerry Connolly</p> <p>Mailing Address P.O. Box 563</p> <p>City Merrifield State VA Zip Code 22116</p> <p>Purpose of Disbursement D-11th, VA</p> <p>Candidate Name Gerry Connolly</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D504 <b>Date of Disbursement</b> 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Harry Reid</p> <p>Mailing Address 3700 S Stonebridge Drive</p> <p>City Mc Kinney State TX Zip Code 75070</p> <p>Purpose of Disbursement Senate</p> <p>Candidate Name Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D492 <b>Date of Disbursement</b> 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Harry Reid</p> <p>Mailing Address 3700 S Stonebridge Drive</p> <p>City Mc Kinney State TX Zip Code 75070</p> <p>Purpose of Disbursement Majority Leader</p> <p>Candidate Name Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D524 <b>Date of Disbursement</b> 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

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

7750.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Harry Reid</p> <p>Mailing Address 3700 S Stonebridge Drive</p> <p>City Mc Kinney State TX Zip Code 75070</p> <p>Purpose of Disbursement VOID-CHECK NEVER CASHED</p> <p>Candidate Name Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D544 <b>Date of Disbursement</b> 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period -5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jerry McNerney</p> <p>Mailing Address P.O. Box 12022</p> <p>City Pleasanton State CA Zip Code 94588</p> <p>Purpose of Disbursement Congress 11th District CA</p> <p>Candidate Name Jerry McNerney</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D507 <b>Date of Disbursement</b> 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Barrow</p> <p>Mailing Address P.O. Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement Check # 1036- VOID -never deposited</p> <p>Candidate Name John Barrow</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D419 <b>Date of Disbursement</b> 01 / 13 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>

**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)

<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) Kirsten Gillibrand	Transaction ID: D489 Date of Disbursement 05 / 05 / 2009
	Mailing Address 514 Warren Street	Amount of Each Disbursement this Period 2000.00
	City Hudson State NY Zip Code 12534	
	Purpose of Disbursement May 6th Event	Category/ Type
	Candidate Name Kirsten Gillibrand	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Kirsten Gillibrand	Transaction ID: D513 Date of Disbursement 05 / 27 / 2009
	Mailing Address 514 Warren Street	Amount of Each Disbursement this Period 3000.00
	City Hudson State NY Zip Code 12534	
	Purpose of Disbursement Senate	Category/ Type
	Candidate Name Kirsten Gillibrand	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Kirsten Gillibrand	Transaction ID: D514 Date of Disbursement 05 / 27 / 2009
	Mailing Address 514 Warren Street	Amount of Each Disbursement this Period 2000.00
	City Hudson State NY Zip Code 12534	
	Purpose of Disbursement Senate	Category/ Type
	Candidate Name Kirsten Gillibrand	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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 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) Kirsten Gillibrand	Transaction ID: D527 Date of Disbursement 06 / 19 / 2009
	Mailing Address 514 Warren Street	Amount of Each Disbursement this Period 3000.00
	City Hudson State NY Zip Code 12534	
	Purpose of Disbursement Senate General 2010	Category/ Type
	Candidate Name Kirsten Gillibrand	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Mark DeSaulnier	Transaction ID: D510 Date of Disbursement 05 / 19 / 2009
	Mailing Address PO Box 6066	Amount of Each Disbursement this Period 2500.00
	City Concord State CA Zip Code 94524	
	Purpose of Disbursement CA 10th Congressional District	011 Category/ Type
	Candidate Name Mark DeSaulnier	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Mr. Scott Murphy	Transaction ID: D502 Date of Disbursement 03 / 19 / 2009
	Mailing Address 1 Warren Street	Amount of Each Disbursement this Period 5000.00
	City Glens Falls State NY Zip Code 12801	
	Purpose of Disbursement NY District 20	011 Category/ Type
	Candidate Name Scott Murphy	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) NELSON 2012	Transaction ID: D505 Date of Disbursement 04 / 08 / 2009
	Mailing Address PO BOX 8666	Amount of Each Disbursement this Period 5000.00
	City OMAHA State NE Zip Code 68108	
	Purpose of Disbursement 2012 Senatorial Vote Candidate Name NELSON 2012 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: D503 Date of Disbursement 03 / 26 / 2009
	Mailing Address P.O. Box 16	Amount of Each Disbursement this Period 2500.00
	City Media State PA Zip Code 19063	
	Purpose of Disbursement Congress PA, 7th Candidate Name Joe Sestak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: D526 Date of Disbursement 06 / 19 / 2009
	Mailing Address P.O. Box 16	Amount of Each Disbursement this Period 500.00
	City Media State PA Zip Code 19063	
	Purpose of Disbursement Congress PA, 7th Candidate Name Joe Sestak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> 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 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

<b>A.</b> Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS <hr/> Mailing Address P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Congress PA, 7th Candidate Name Joe Sestak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D525 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) STEVE ROTHMAN FOR NEW JERSEY INC. <hr/> Mailing Address P.O. Box 714 <hr/> City Hackensack State NJ Zip Code 07602 <hr/> Purpose of Disbursement Congress 9th District Candidate Name STEVE ROTHMAN FOR NEW JERSEY INC. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D508 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

6000.00

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

74250.00



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

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

FOR LINE NUMBER:  
(check only one)

<input 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)

Eric Giglione

Mailing Address 38 WINDSOR LN

City LITTLE SILVER State NJ Zip Code 07739

Purpose of Disbursement  
Void Check 3/31/2006-Never Cashed

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼

State: District: F

Transaction ID: D523

Date of Disbursement

05 / 31 / 2009

Amount of Each Disbursement this Period

-643.22

B.

Full Name (Last, First, Middle Initial)

Thomas Williams

Mailing Address 10246 SW 22nd PL

City DAVIE State FL Zip Code 33324

Purpose of Disbursement  
VOID CHECK 3/31/06-NEVER CASHED

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼

State: District: F

Transaction ID: D522

Date of Disbursement

05 / 31 / 2009

Amount of Each Disbursement this Period

-600.00

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

-1243.22

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

-1243.22

**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 checked="" 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)

Steven Panagiotakos

Mailing Address 316 Parker Street

City Lowell State MA Zip Code 01851

Purpose of Disbursement  
Senator

Candidate Name  
Steven Panagiotakos

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

O

Transaction ID: D518

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

-500.00

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

-500.00

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

-500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) Clint Zweifel <hr/> Mailing Address 2781 Red Cedar Parc Drive, 5 <hr/> City O'Fallon State MO Zip Code 63368 <hr/> Purpose of Disbursement MO - Treasurer Candidate Name Clint Zweifel <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ O	Transaction ID: D475 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ O
<b>B.</b> Full Name (Last, First, Middle Initial) Doug Bennett <hr/> Mailing Address PO Box 960841 <hr/> City Boston State MA Zip Code 02196 <hr/> Purpose of Disbursement City Councilor Candidate Name Doug Bennett <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D511 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 010
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President <hr/> Mailing Address P.O. Box 1781 <hr/> City Merrifield State VA Zip Code 22116 <hr/> Purpose of Disbursement Voided Check Candidate Name Hillary Clinton <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ O	Transaction ID: D521 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period -4000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ O

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

**-2250.00**

**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 100 / 101

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tim Murray</p> <p>Mailing Address 23 Institute Road</p> <p>City Worcester State MA Zip Code 01609</p> <p>Purpose of Disbursement MA-Lieutenant Gov.</p> <p>Candidate Name Tim Murray</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D515</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tim Murray</p> <p>Mailing Address 23 Institute Road</p> <p>City Worcester State MA Zip Code 01609</p> <p>Purpose of Disbursement MA-Lieutenant Gov.</p> <p>Candidate Name Tim Murray</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D520</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Transportation Trades Department</p> <p>Mailing Address AFL-CIO 888 16th Street, N.W. Suite 650</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement TTD PAC Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: O</p>	<p><b>Transaction ID:</b> D472</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="250.00"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 101 / 101	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Hillary Clinton for President			Nature of Debt (Purpose): Retire Debt
Mailing Address 420 Lexington Avenue Suite 3030			
City New York	State NY	ZIP Code 10170	

Outstanding Balance Beginning This Period		<b>Transaction ID: D345</b>	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	5000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	5000.00