

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

OPEIU JB Moss Voice of the Electorate (VOTE)

ADDRESS (number and street)

80 Eighth Avenue, Suite 610

Check if different than previously reported. (ACC)

New York

NY

10011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00007898

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on 06 / 05 / 2012 in the State of CA

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

Election on / / in the State of

5. Covering Period

04 / 19 / 2012

through

05 / 16 / 2012

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

Type or Print Name of Treasurer Ms. Mary Mahoney

Signature of Treasurer Ms. Mary Mahoney

[Electronically Filed]

Date

05 / 18 / 2012

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

OPEIU JB Moss Voice of the Electorate (VOTE)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		693925.28
(b) Cash on Hand at Beginning of Reporting Period.....	660223.03	
(c) Total Receipts (from Line 19)	79816.82	142403.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	740039.85	836328.61
7. Total Disbursements (from Line 31).....	2775.10	99063.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	737264.75	737264.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

OPEIU JB Moss Voice of the Electorate (VOTE)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34098.98	36118.98
(ii) Unitemized	45698.39	77591.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	79797.37	113710.47
(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)	79797.37	113710.47
12. Transfers From Affiliated/Other Party Committees.....	0.00	28521.55
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	19.45	171.31
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	79816.82	142403.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	79816.82	142403.33

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	6425.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	6425.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	80000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	275.10	12638.86
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2775.10	99063.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2775.10	99063.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	79797.37	113710.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79797.37	113710.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	6425.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	6425.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. John R Akers		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006686
Mailing Address 6901 W 138Th Ter #418		Amount of Each Receipt this Period 100.00
City Overland Park	State KS	Zip Code 66223
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. John R Akers		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006687
Mailing Address 6901 W 138Th Ter #418		Amount of Each Receipt this Period 100.00
City Overland Park	State KS	Zip Code 66223
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. John R Akers		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006688
Mailing Address 6901 W 138Th Ter #418		Amount of Each Receipt this Period 100.00
City Overland Park	State KS	Zip Code 66223
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Richard JR Altig			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2012
Mailing Address 15440 Bel-Red Rd			Transaction ID : C5006762
City Redmond	State WA	Zip Code 98052	Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life Ins.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

Full Name (Last, First, Middle Initial) B. Richard JR Altig			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2012
Mailing Address 15440 Bel-Red Rd			Transaction ID : C5006763
City Redmond	State WA	Zip Code 98052	Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life Ins.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

Full Name (Last, First, Middle Initial) C. Richard JR Altig			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2012
Mailing Address 15440 Bel-Red Rd			Transaction ID : C5006764
City Redmond	State WA	Zip Code 98052	Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life Ins.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

SUBTOTAL of Receipts This Page (optional).....▶	1248.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Diego R Arangopuerta
 Full Name (Last, First, Middle Initial)
 Mailing Address 7810 Rain Shore
 City San Antonio State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006689
 Amount of Each Receipt this Period
 100.00

B. Diego R Arangopuerta
 Full Name (Last, First, Middle Initial)
 Mailing Address 7810 Rain Shore
 City San Antonio State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006690
 Amount of Each Receipt this Period
 100.00

C. Diego R Arangopuerta
 Full Name (Last, First, Middle Initial)
 Mailing Address 7810 Rain Shore
 City San Antonio State TX Zip Code 78249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006691
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Simon A Arias		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5008301
Mailing Address 12330 Perry Highway #100		Amount of Each Receipt this Period 100.00
City Pittsburgh	State PA	Zip Code 15090
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Simon A Arias		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5008302
Mailing Address 12330 Perry Highway #100		Amount of Each Receipt this Period 100.00
City Pittsburgh	State PA	Zip Code 15090
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Simon A Arias		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5008306
Mailing Address 12330 Perry Highway #100		Amount of Each Receipt this Period 100.00
City Pittsburgh	State PA	Zip Code 15090
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dennis R Arrington		Date of Receipt MM / DD / YYYY 05 / 02 / 2012
Mailing Address 2222 Bull St		Transaction ID : C5013061
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	C	
Name of Employer Local 4873	Occupation Vice President	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. James Bailey		Date of Receipt MM / DD / YYYY 04 / 24 / 2012
Mailing Address 72B Whispering Creek		Transaction ID : C5007046
City New Bloomfield	State MO	Zip Code 65063
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James Bailey		Date of Receipt MM / DD / YYYY 04 / 24 / 2012
Mailing Address 72B Whispering Creek		Transaction ID : C5007047
City New Bloomfield	State MO	Zip Code 65063
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 72B Whispering Creek

City New Bloomfield	State MO	Zip Code 65063
------------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Transaction ID : C5007048

Amount of Each Receipt this Period

100.00

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

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : C5013055

Amount of Each Receipt this Period

50.00

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

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2012

Transaction ID : C5015672

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5004816
 Amount of Each Receipt this Period
 100.00

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

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5004817
 Amount of Each Receipt this Period
 100.00

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

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5004818
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gary Bleier		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2012
Mailing Address 917A Windfield Pl		Transaction ID : C5012143
City Appleton	State WI	Zip Code 54911
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Gary Bleier		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2012
Mailing Address 917A Windfield Pl		Transaction ID : C5012144
City Appleton	State WI	Zip Code 54911
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Gary Bleier		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2012
Mailing Address 917A Windfield Pl		Transaction ID : C5012145
City Appleton	State WI	Zip Code 54911
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 2222 Bull Street
Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Sec.-Treas.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.50

Date of Receipt
05 / 02 / 2012
Transaction ID : **C5013049**

Amount of Each Receipt this Period
25.00

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

Mailing Address 2222 Bull Street
Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Sec.-Treas.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.50

Date of Receipt
05 / 02 / 2012
Transaction ID : **C5013058**

Amount of Each Receipt this Period
100.00

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

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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 ▼
300.00

Date of Receipt
04 / 24 / 2012
Transaction ID : **C5006957**

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006958

Amount of Each Receipt this Period
100.00

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

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006959

Amount of Each Receipt this Period
100.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5005212

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 79 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	24	/	2012

Transaction ID : C5005213

Amount of Each Receipt this Period
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	24	/	2012

Transaction ID : C5005214

Amount of Each Receipt this Period
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	24	/	2012

Transaction ID : C5006721

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
04 / 24 / 2012

Transaction ID : C5006722

Amount of Each Receipt this Period
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
04 / 24 / 2012

Transaction ID : C5006723

Amount of Each Receipt this Period
150.00

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

Mailing Address 10 Brannen Dr

City Savannah State GA Zip Code 31410-1402

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

Name of Employer OPEIU Local 4873 Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **470.00**

Date of Receipt
05 / 02 / 2012

Transaction ID : C5013043

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John F Conley		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2012 Transaction ID : C5015670
Mailing Address 10 Brannen Dr		Amount of Each Receipt this Period 20.00
City Savannah	State GA	Zip Code 31410-1402
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU Local 4873	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) B. Kevin Davis		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5007011
Mailing Address 15 Morning Breeze Ct		Amount of Each Receipt this Period 100.00
City Silver Springs	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Kevin Davis		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5007012
Mailing Address 15 Morning Breeze Ct		Amount of Each Receipt this Period 100.00
City Silver Springs	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kevin Davis		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5007013
Mailing Address 15 Morning Breeze Ct		Amount of Each Receipt this Period 100.00
City Silver Springs	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Steven J DiCHIARO		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5004827
Mailing Address 3337 Grenache St		Amount of Each Receipt this Period 300.00
City Greeley	State CO	Zip Code 80634
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Steven J DiCHIARO		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5004828
Mailing Address 3337 Grenache St		Amount of Each Receipt this Period 300.00
City Greeley	State CO	Zip Code 80634
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven J DiCHIARO
Full Name (Last, First, Middle Initial)

Mailing Address 3337 Grenache St

City State Zip Code
Greeley CO 80634

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

Name of Employer Occupation
American Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5004829

Amount of Each Receipt this Period
300.00

B. Joseph Diecedue
Full Name (Last, First, Middle Initial)

Mailing Address 36146 Bluff Meadows Dr

City State Zip Code
Prairieville LA 70769

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006698

Amount of Each Receipt this Period
100.00

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

Mailing Address 36146 Bluff Meadows Dr

City State Zip Code
Prairieville LA 70769

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006699

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 36146 Bluff Meadows Dr

City State Zip Code
Prairieville LA 70769

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006700

Amount of Each Receipt this Period
100.00

B. Cindy Diehm
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street
Suite 200

City State Zip Code
Savannah GA 31401

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

Name of Employer Occupation
Local 4873 Exec. Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : C5013059

Amount of Each Receipt this Period
100.00

C. Desi Dimitrova
Full Name (Last, First, Middle Initial)

Mailing Address 15206 Jupiter St

City State Zip Code
Whittier CA 90603

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5005672

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Desi Dimitrova		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5005676
Mailing Address 15206 Jupiter St		Amount of Each Receipt this Period 100.00
City Whittier	State CA	Zip Code 90603
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Desi Dimitrova		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5005677
Mailing Address 15206 Jupiter St		Amount of Each Receipt this Period 100.00
City Whittier	State CA	Zip Code 90603
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Timothy Farr		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5004959
Mailing Address 43107 Ryegate St		Amount of Each Receipt this Period 240.00
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	440.00
TOTAL This Period (last page this line 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 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laura Fisher

Mailing Address 44 Black Bear Dr #1228

City Waltham State MA Zip Code 02451

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
04 / 24 / 2012

Transaction ID : C5010858

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Laura Fisher

Mailing Address 44 Black Bear Dr #1228

City Waltham State MA Zip Code 02451

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
04 / 24 / 2012

Transaction ID : C5010859

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Laura Fisher

Mailing Address 44 Black Bear Dr #1228

City Waltham State MA Zip Code 02451

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
04 / 24 / 2012

Transaction ID : C5010860

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4071 Port Chicago Hwy St 200

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : C5005277

Amount of Each Receipt this Period

200.00

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

Mailing Address 4071 Port Chicago Hwy St 200

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : C5005278

Amount of Each Receipt this Period

200.00

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

Mailing Address 4071 Port Chicago Hwy St 200

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : C5005279

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Cindy Furer		Date of Receipt
Mailing Address 5703 Oberlin Dr Suite 106		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code San Diego CA 92121		Transaction ID : C5006725
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. Cindy Furer		Date of Receipt
Mailing Address 5703 Oberlin Dr Suite 106		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code San Diego CA 92121		Transaction ID : C5006726
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) C. Cindy Furer		Date of Receipt
Mailing Address 5703 Oberlin Dr Suite 106		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code San Diego CA 92121		Transaction ID : C5006727
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ERIC GIGLIONE		Date of Receipt
Mailing Address 151 INDUSTRIAL WAY EAST BLDG C		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code EATONTOWN NJ 07724		Transaction ID : C5011256
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation American Income Life Ins. Insurance Agent		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) B. ERIC GIGLIONE		Date of Receipt
Mailing Address 151 INDUSTRIAL WAY EAST BLDG C		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code EATONTOWN NJ 07724		Transaction ID : C5011257
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation American Income Life Ins. Insurance Agent		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) C. ERIC GIGLIONE		Date of Receipt
Mailing Address 151 INDUSTRIAL WAY EAST BLDG C		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code EATONTOWN NJ 07724		Transaction ID : C5011258
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation American Income Life Ins. Insurance Agent		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1200.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carl Michael Goodwin
 Full Name (Last, First, Middle Initial)
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : C5015734
 Amount of Each Receipt this Period
 100.00

B. Arthur J Greene
 Full Name (Last, First, Middle Initial)
 Mailing Address 277 Oak Ridge Dr
 City Pontiac State MI Zip Code 48341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5009355
 Amount of Each Receipt this Period
 100.00

C. Arthur J Greene
 Full Name (Last, First, Middle Initial)
 Mailing Address 277 Oak Ridge Dr
 City Pontiac State MI Zip Code 48341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5009356
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Arthur J Greene
 Full Name (Last, First, Middle Initial)
 Mailing Address 277 Oak Ridge Dr
 City Pontiac State MI Zip Code 48341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5009357
 Amount of Each Receipt this Period
 100.00

B. Steven K Greer
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Nocturne Woods Pl
 City The Woodlands State TX Zip Code 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5005115
 Amount of Each Receipt this Period
 300.00

c. Steven K Greer
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Nocturne Woods Pl
 City The Woodlands State TX Zip Code 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5005116
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 43 Nocturne Woods Pl

City The Woodlands State TX Zip Code 77382

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : C5005117

Amount of Each Receipt this Period
 300.00

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

Mailing Address 621 Sequoia St

City Brentwood State CA Zip Code 94513

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

Name of Employer LOCAL 29 Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : C5025180

Amount of Each Receipt this Period
 40.00

C. Ronald J Gurney
Full Name (Last, First, Middle Initial)

Mailing Address 5 Wilderfield Ct

City Lutherville State MD Zip Code 21093

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : C5007008

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	440.00
TOTAL This Period (last page this line 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 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ronald J Gurney
Full Name (Last, First, Middle Initial)
Mailing Address 5 Wilderfield Ct
City Lutherville State MD Zip Code 21093
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2012
Transaction ID : C5007009
Amount of Each Receipt this Period 100.00

B. Ronald J Gurney
Full Name (Last, First, Middle Initial)
Mailing Address 5 Wilderfield Ct
City Lutherville State MD Zip Code 21093
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2012
Transaction ID : C5007010
Amount of Each Receipt this Period 100.00

C. Frederick Hadayia
Full Name (Last, First, Middle Initial)
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 Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 24 / 2012
Transaction ID : C5006748
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Frederick Hadayia			Date of Receipt
Mailing Address 101 Iron Valley Dr			<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5006749
Lebanon	PA	17042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="300.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. FREDERICK HADAYIA			Date of Receipt
Mailing Address 1250 GERMANTOWN PIKE #200			<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5011648
PLYMOUTH MEETING	PA	19462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="300.00"/>
Name of Employer	Occupation		
Information Requested	Information Requested		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mark Hancock			Date of Receipt
Mailing Address 12546 Walnut Ridge PI			<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5004749
Fishers	IN	46038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="300.00"/>
Name of Employer	Occupation		
AMERICAN INCOME LIFE INS. CO.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark Hancock
Full Name (Last, First, Middle Initial)
Mailing Address 12546 Walnut Ridge Pl
City Fishers State IN Zip Code 46038
FEC ID number of contributing federal political committee. **C**
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **900.00**

Date of Receipt **04 / 24 / 2012**
Transaction ID : C5004750
Amount of Each Receipt this Period **300.00**

B. Mark Hancock
Full Name (Last, First, Middle Initial)
Mailing Address 12546 Walnut Ridge Pl
City Fishers State IN Zip Code 46038
FEC ID number of contributing federal political committee. **C**
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **900.00**

Date of Receipt **04 / 24 / 2012**
Transaction ID : C5004751
Amount of Each Receipt this Period **300.00**

C. Steve Y Hartman
Full Name (Last, First, Middle Initial)
Mailing Address 3834 N Desert Oasis Cir
City Mesa State AZ Zip Code 85207
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 24 / 2012**
Transaction ID : C5006770
Amount of Each Receipt this Period **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. STEVE Y HARTMAN		Date of Receipt
Mailing Address 5240 E CHOLLA ST		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
SCOTTSDALE	AZ	85254
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C5009831
Name of Employer	Occupation	Amount of Each Receipt this Period
Information Requested	Information Requested	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEVE Y HARTMAN		Date of Receipt
Mailing Address 5240 E CHOLLA ST		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
SCOTTSDALE	AZ	85254
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C5009832
Name of Employer	Occupation	Amount of Each Receipt this Period
Information Requested	Information Requested	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Hausman		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Waco	TX	76703-0208
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C5011987
Name of Employer	Occupation	Amount of Each Receipt this Period
National Income Life	Insurance Agent	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rob Hay
Full Name (Last, First, Middle Initial)
Mailing Address 5515 5540 Falmouth St
City Richmond State VA Zip Code 23230
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 24 / 2012
Transaction ID : C5007182
Amount of Each Receipt this Period 250.00

B. Rob Hay
Full Name (Last, First, Middle Initial)
Mailing Address 5515 5540 Falmouth St
City Richmond State VA Zip Code 23230
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 24 / 2012
Transaction ID : C5007183
Amount of Each Receipt this Period 250.00

C. Rob Hay
Full Name (Last, First, Middle Initial)
Mailing Address 5515 5540 Falmouth St
City Richmond State VA Zip Code 23230
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 24 / 2012
Transaction ID : C5007184
Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Matt M Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1235 Snug Harbor Dr
 City Casselberry State FL Zip Code 32707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5006743
 Amount of Each Receipt this Period
 250.00

B. Matt M Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1235 Snug Harbor Dr
 City Casselberry State FL Zip Code 32707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5006744
 Amount of Each Receipt this Period
 250.00

C. Matt M Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1235 Snug Harbor Dr
 City Casselberry State FL Zip Code 32707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5006745
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Christopher Hernandez		Date of Receipt
Mailing Address 3003 Douglas Ave #17		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5005197
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Christopher Hernandez		Date of Receipt
Mailing Address 3003 Douglas Ave #17		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5005198
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Christopher Hernandez		Date of Receipt
Mailing Address 3003 Douglas Ave #17		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5005199
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
04 / 24 / 2012

Transaction ID : C5006701

Amount of Each Receipt this Period
100.00

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

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
04 / 24 / 2012

Transaction ID : C5006702

Amount of Each Receipt this Period
100.00

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

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
04 / 24 / 2012

Transaction ID : C5006703

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John W Jatoft		Date of Receipt
Mailing Address 4071 Port Chicago Hwy Suite 200		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Concord	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5004771
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="200.00"/>
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"/>

Full Name (Last, First, Middle Initial) B. John W Jatoft		Date of Receipt
Mailing Address 4071 Port Chicago Hwy Suite 200		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Concord	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5004772
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="200.00"/>
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"/>

Full Name (Last, First, Middle Initial) C. John W Jatoft		Date of Receipt
Mailing Address 4071 Port Chicago Hwy Suite 200		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Concord	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5004773
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="200.00"/>
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"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Horace W Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 12435 Black Water Ct
City Jacksonville State FL Zip Code 32223
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2012
Transaction ID : C5005029
Amount of Each Receipt this Period 100.00

B. Horace W Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 12435 Black Water Ct
City Jacksonville State FL Zip Code 32223
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2012
Transaction ID : C5005030
Amount of Each Receipt this Period 100.00

C. Horace W Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 12435 Black Water Ct
City Jacksonville State FL Zip Code 32223
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2012
Transaction ID : C5005031
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Theatla Jones

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : C5013062

Amount of Each Receipt this Period
100.00

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

Mailing Address 4526 WIMBLETON WAY

City KALAMAZOO State MI Zip Code 49009

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5010970

Amount of Each Receipt this Period
8.00

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

Mailing Address 4526 WIMBLETON WAY

City KALAMAZOO State MI Zip Code 49009

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5010971

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	208.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4526 WIMBLETON WAY

City KALAMAZOO State MI Zip Code 49009

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
04 / 24 / 2012
Transaction ID : **C5010972**

Amount of Each Receipt this Period
100.00

B. Scott A Keeney
Full Name (Last, First, Middle Initial)

Mailing Address 2185 South Queen St

City York State PA Zip Code 17402

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
04 / 24 / 2012
Transaction ID : **C5007148**

Amount of Each Receipt this Period
200.00

C. Scott A Keeney
Full Name (Last, First, Middle Initial)

Mailing Address 2185 South Queen St

City York State PA Zip Code 17402

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
04 / 24 / 2012
Transaction ID : **C5007149**

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Scott A Keeney			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2012
Mailing Address 2185 South Queen St			Transaction ID : C5007150
City York	State PA	Zip Code 17402	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life Ins.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Susan M Kelleher			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2012
Mailing Address 97 Bennington St			Transaction ID : C5011986
City Springfield	State MA	Zip Code 01108	Amount of Each Receipt this Period 229.98
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life Insurance	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.98		

Full Name (Last, First, Middle Initial) C. Terry Keller			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2012
Mailing Address 1137 Wlper St Apt 26			Transaction ID : C5025177
City Hayward	State CA	Zip Code 94541-6768	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional).....▶	469.98
TOTAL This Period (last page this line 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 43 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chris XXXX Lafond		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5010775
Mailing Address 8 Fairbanks Rd		Amount of Each Receipt this Period 100.00
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Chris XXXX Lafond		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5010777
Mailing Address 8 Fairbanks Rd		Amount of Each Receipt this Period 100.00
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Chris XXXX Lafond		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5010778
Mailing Address 8 Fairbanks Rd		Amount of Each Receipt this Period 100.00
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Samuel G Lasala		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006704
Mailing Address 221 Timberline Dr		Amount of Each Receipt this Period 100.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Samuel G Lasala		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006705
Mailing Address 221 Timberline Dr		Amount of Each Receipt this Period 100.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Samuel G Lasala		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006706
Mailing Address 221 Timberline Dr		Amount of Each Receipt this Period 100.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 45 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2532 Baneberry Ln #713

City State Zip Code
 Indianapolis IN 46268

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : C5006707

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2532 Baneberry Ln #713

City State Zip Code
 Indianapolis IN 46268

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : C5006708

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2532 Baneberry Ln #713

City State Zip Code
 Indianapolis IN 46268

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : C5006709

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Sabrina N Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1565 Palisades Ln
 City Hoffman Estates State IL Zip Code 60192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006960
 Amount of Each Receipt this Period
 100.00

B. Sabrina N Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1565 Palisades Ln
 City Hoffman Estates State IL Zip Code 60192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006961
 Amount of Each Receipt this Period
 100.00

C. Sabrina N Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1565 Palisades Ln
 City Hoffman Estates State IL Zip Code 60192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006962
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address N89 W15883 Main St

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006750

Amount of Each Receipt this Period
300.00

B. Joseph Manone
Full Name (Last, First, Middle Initial)

Mailing Address N89 W15883 Main St

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006751

Amount of Each Receipt this Period
300.00

C. Joseph Manone
Full Name (Last, First, Middle Initial)

Mailing Address N89 W15883 Main St

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006752

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 3645 Marketplace Blvd #130-298

City East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5005280

Amount of Each Receipt this Period
100.00

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

Mailing Address 3645 Marketplace Blvd #130-298

City East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5005281

Amount of Each Receipt this Period
100.00

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

Mailing Address 3645 Marketplace Blvd #130-298

City East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5005282

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Travis P Moody		Date of Receipt
Mailing Address 625 Beecher St		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Louisville KY 40215		Transaction ID : C5006998
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Travis P Moody		Date of Receipt
Mailing Address 625 Beecher St		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Louisville KY 40215		Transaction ID : C5006999
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Travis P Moody		Date of Receipt
Mailing Address 625 Beecher St		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Louisville KY 40215		Transaction ID : C5007000
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006756
 Amount of Each Receipt this Period
 300.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006757
 Amount of Each Receipt this Period
 300.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006758
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : C5007064

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : C5007065

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : C5007066

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Durhon Oldham
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 208
 City Waco State TX Zip Code 76703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5007180
 Amount of Each Receipt this Period
 1200.00

B. Robert Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 26561 W Highland Dr
 City Channahon State IL Zip Code 60410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006759
 Amount of Each Receipt this Period
 400.00

C. Robert Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 26561 W Highland Dr
 City Channahon State IL Zip Code 60410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006760
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line 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 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 26561 W Highland Dr

City Channahon State IL Zip Code 60410

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5006761

Amount of Each Receipt this Period
 400.00

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

Mailing Address 180 WATERMAN AVE APT 423

City NORTH PROVIDENCE State RI Zip Code 02911

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5011696

Amount of Each Receipt this Period
 100.00

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

Mailing Address 180 WATERMAN AVE APT 423

City NORTH PROVIDENCE State RI Zip Code 02911

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5011697

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 180 WATERMAN AVE APT 423

City NORTH PROVIDENCE	State RI	Zip Code 02911
--------------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 24 / 2012
Transaction ID : C5011698

Amount of Each Receipt this Period
100.00

B. Earnest T Powers
Full Name (Last, First, Middle Initial)

Mailing Address 409 Hays Blvd

City Lexington	State KY	Zip Code 40509
-------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 24 / 2012
Transaction ID : C5007838

Amount of Each Receipt this Period
100.00

C. Earnest T Powers
Full Name (Last, First, Middle Initial)

Mailing Address 409 Hays Blvd

City Lexington	State KY	Zip Code 40509
-------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 24 / 2012
Transaction ID : C5007839

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Earnest T Powers

Mailing Address 409 Hays Blvd

City Lexington State KY Zip Code 40509

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5007840

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City NEWARK State NJ Zip Code 07105

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5011270

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City NEWARK State NJ Zip Code 07105

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5011271

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 43 VAN BUREN ST
City NEWARK State NJ Zip Code 07105
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Information Requested
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2012
Transaction ID : C5011272
Amount of Each Receipt this Period
100.00

B. Scott J Rehberg
Full Name (Last, First, Middle Initial)
Mailing Address 1153 Thistle Ln
City Lebanon State OH Zip Code 45036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
American Income Life Ins. Insurance Agent
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2012
Transaction ID : C5006671
Amount of Each Receipt this Period
80.00

c. Scott J Rehberg
Full Name (Last, First, Middle Initial)
Mailing Address 1153 Thistle Ln
City Lebanon State OH Zip Code 45036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
American Income Life Ins. Insurance Agent
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2012
Transaction ID : C5006672
Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012

Transaction ID : C5006673

Amount of Each Receipt this Period
 80.00

B. Dovey Richter
Full Name (Last, First, Middle Initial)

Mailing Address 7154 West Farrand Rd

City Clio State MI Zip Code 48420

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

Name of Employer International Union UAW Occupation staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : C4983471

Amount of Each Receipt this Period
 50.00

C. Dovey Richter
Full Name (Last, First, Middle Initial)

Mailing Address 7154 West Farrand Rd

City Clio State MI Zip Code 48420

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

Name of Employer International Union UAW Occupation staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : C5012918

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Edward D Rubio
 Full Name (Last, First, Middle Initial)
 Mailing Address 15508 Sugar Loaf Dr
 City Edmond State OK Zip Code 73013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5007118
 Amount of Each Receipt this Period
 100.00

B. Edward D Rubio
 Full Name (Last, First, Middle Initial)
 Mailing Address 15508 Sugar Loaf Dr
 City Edmond State OK Zip Code 73013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5007119
 Amount of Each Receipt this Period
 100.00

C. Edward D Rubio
 Full Name (Last, First, Middle Initial)
 Mailing Address 15508 Sugar Loaf Dr
 City Edmond State OK Zip Code 73013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5007120
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

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

Mailing Address PO Box 149

City Carmichael State CA Zip Code 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C5025172

Amount of Each Receipt this Period
400.00

B. Paul D Rumbuc
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Magnolia Ct

City Oakland Township State MI Zip Code 48363

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

Name of Employer American Income Life Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5004972

Amount of Each Receipt this Period
400.00

C. Paul D Rumbuc
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Magnolia Ct

City Oakland Township State MI Zip Code 48363

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

Name of Employer American Income Life Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5004973

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	840.00
TOTAL This Period (last page this line 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 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Paul D Rumbuc
 Full Name (Last, First, Middle Initial)
 Mailing Address 3570 Magnolia Ct
 City State Zip Code
 Oakland Township MI 48363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5004974
 Amount of Each Receipt this Period
 400.00

B. Patricia Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 14841
 City State Zip Code
 Oakland CA 94614-0841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LOCAL 29 Secretary-Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : C5025175
 Amount of Each Receipt this Period
 40.00

C. Joe Serrano
 Full Name (Last, First, Middle Initial)
 Mailing Address 6070 Gateway E
 Suite 5006
 City State Zip Code
 El Paso TX 79905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 local 4873 Bus. Rep.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2012
Transaction ID : C5013057
 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 61 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert E Shafer		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5007841
Mailing Address 33 Fairfield Pl		Amount of Each Receipt this Period 100.00
City Ft Thomas	State KY	Zip Code 41075
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Robert E Shafer		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5007842
Mailing Address 33 Fairfield Pl		Amount of Each Receipt this Period 100.00
City Ft Thomas	State KY	Zip Code 41075
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Robert E Shafer		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5007843
Mailing Address 33 Fairfield Pl		Amount of Each Receipt this Period 100.00
City Ft Thomas	State KY	Zip Code 41075
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Elaina Sinner
Full Name (Last, First, Middle Initial)
Mailing Address 7700 Squire Lake Blvd

City Jacksonville	State FL	Zip Code 32256
----------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2012

Transaction ID : C5007340

Amount of Each Receipt this Period
100.00

B. Elaina Sinner
Full Name (Last, First, Middle Initial)
Mailing Address 7700 Squire Lake Blvd

City Jacksonville	State FL	Zip Code 32256
----------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2012

Transaction ID : C5007341

Amount of Each Receipt this Period
100.00

C. Elaina Sinner
Full Name (Last, First, Middle Initial)
Mailing Address 7700 Squire Lake Blvd

City Jacksonville	State FL	Zip Code 32256
----------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2012

Transaction ID : C5007342

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	▶	300.00
TOTAL This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Beth E Snow
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Whitehoof Way
 City Antioch State CA Zip Code 94531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006674
 Amount of Each Receipt this Period
 80.00

B. Beth E Snow
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Whitehoof Way
 City Antioch State CA Zip Code 94531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006675
 Amount of Each Receipt this Period
 80.00

C. Beth E Snow
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Whitehoof Way
 City Antioch State CA Zip Code 94531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006676
 Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Curt D Snow		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006680
Mailing Address 827 Buckingham Place		Amount of Each Receipt this Period 80.00
City Danville	State CA	Zip Code 94506
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Curt D Snow		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006681
Mailing Address 827 Buckingham Place		Amount of Each Receipt this Period 80.00
City Danville	State CA	Zip Code 94506
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Curt D Snow		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006682
Mailing Address 827 Buckingham Place		Amount of Each Receipt this Period 80.00
City Danville	State CA	Zip Code 94506
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 24 / 2012**

Transaction ID : C5006710

Amount of Each Receipt this Period **100.00**

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

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 24 / 2012**

Transaction ID : C5006711

Amount of Each Receipt this Period **100.00**

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

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 24 / 2012**

Transaction ID : C5006712

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **300.00**

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

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

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

FOR LINE NUMBER: PAGE 66 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. James M Surace
 Full Name (Last, First, Middle Initial)
 Mailing Address 12301 Ridge Rd
 City Cleveland State OH Zip Code 44133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5005306
 Amount of Each Receipt this Period
 416.00

B. James M Surace
 Full Name (Last, First, Middle Initial)
 Mailing Address 12301 Ridge Rd
 City Cleveland State OH Zip Code 44133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5005307
 Amount of Each Receipt this Period
 416.00

C. James M Surace
 Full Name (Last, First, Middle Initial)
 Mailing Address 12301 Ridge Rd
 City Cleveland State OH Zip Code 44133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
 04 / 24 / 2012
Transaction ID : C5005308
 Amount of Each Receipt this Period
 416.00

SUBTOTAL of Receipts This Page (optional)..... ► 1248.00
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 67 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Randy E Teyssier

Mailing Address 404 Jack Pine Ct

City State Zip Code
Gibsonia PA 15044

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 ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012
Transaction ID : C5008817

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. Randy E Teyssier

Mailing Address 404 Jack Pine Ct

City State Zip Code
Gibsonia PA 15044

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 ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012
Transaction ID : C5008818

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. Randy E Teyssier

Mailing Address 404 Jack Pine Ct

City State Zip Code
Gibsonia PA 15044

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 ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012
Transaction ID : C5008819

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeffery P Thiel		Date of Receipt
Mailing Address 1790 Westmeade Dr		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chesterfield	MO	63017
FEC ID number of contributing federal political committee.		Transaction ID : C5007057
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeffery P Thiel		Date of Receipt
Mailing Address 1790 Westmeade Dr		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chesterfield	MO	63017
FEC ID number of contributing federal political committee.		Transaction ID : C5007058
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeffery P Thiel		Date of Receipt
Mailing Address 1790 Westmeade Dr		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chesterfield	MO	63017
FEC ID number of contributing federal political committee.		Transaction ID : C5007059
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Becky Turner		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 Transaction ID : C5015654
Mailing Address 704 Royal View Ct		Amount of Each Receipt this Period 40.00
City Weatherford	State TX	Zip Code 76086
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 277	Occupation President/Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Dustin W Venekamp		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006713
Mailing Address 1004 Division St #301		Amount of Each Receipt this Period 100.00
City Billings	State MT	Zip Code 59101
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dustin W Venekamp		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : C5006714
Mailing Address 1004 Division St #301		Amount of Each Receipt this Period 100.00
City Billings	State MT	Zip Code 59101
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Dustin W Venekamp

Mailing Address 1004 Division St #301

City State Zip Code
Billings MT 59101

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 24 / 2012
Transaction ID : C5006715

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Rodney E 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 Occupation
American Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 24 / 2012
Transaction ID : C5004956

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Rodney E 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 Occupation
American Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 24 / 2012
Transaction ID : C5004957

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Rodney E Ward
Full Name (Last, First, Middle Initial)
Mailing Address 18944 Emit Rd
City Brownstown State MI Zip Code 48192
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 24 / 2012**
Transaction ID : C5004958
Amount of Each Receipt this Period **100.00**

B. Jeremy Welch
Full Name (Last, First, Middle Initial)
Mailing Address 2010 Rebsamen Park Rd #305
City Little Rock State AR Zip Code 72202
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 24 / 2012**
Transaction ID : C5008014
Amount of Each Receipt this Period **100.00**

C. Jeremy Welch
Full Name (Last, First, Middle Initial)
Mailing Address 2010 Rebsamen Park Rd #305
City Little Rock State AR Zip Code 72202
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 24 / 2012**
Transaction ID : C5008015
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **300.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Jeremy Welch		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5008016
Mailing Address 2010 Rebsamen Park Rd #305		Amount of Each Receipt this Period 100.00
City Little Rock	State AR	Zip Code 72202
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jacqueline K White-Brown		Date of Receipt M M / D D / Y Y Y Y Y 05 / 07 / 2012 Transaction ID : C5013100
Mailing Address 128 W Olive Ave		Amount of Each Receipt this Period 40.00
City Monrovia	State CA	Zip Code 91016-3410
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU LOCAL 537	Occupation Sec.Treas./Bus. Mgr.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Robe Whittinghill		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C5006731
Mailing Address 5703 Oberlin Dr Suite 106		Amount of Each Receipt this Period 150.00
City San Diego	State CA	Zip Code 92121
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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: PAGE 73 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robe Whittinghill
 Full Name (Last, First, Middle Initial)
 Mailing Address 5703 Oberlin Dr Suite 106
 City San Diego State CA Zip Code 92121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006732
 Amount of Each Receipt this Period
 150.00

B. Robe Whittinghill
 Full Name (Last, First, Middle Initial)
 Mailing Address 5703 Oberlin Dr Suite 106
 City San Diego State CA Zip Code 92121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006733
 Amount of Each Receipt this Period
 150.00

C. Cynthia J Wilhelmi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 S Louise Ave #105
 City Sioux Falls State SD Zip Code 57106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : C5006716
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cynthia J Wilhelmi
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City State Zip Code
Sioux Falls SD 57106

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006717

Amount of Each Receipt this Period
100.00

B. Cynthia J Wilhelmi
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City State Zip Code
Sioux Falls SD 57106

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006718

Amount of Each Receipt this Period
100.00

C. Tom Williams
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City State Zip Code
Plantation FL 33324

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

Name of Employer Occupation
American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C5006737

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Tom Williams
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : C5006738

Amount of Each Receipt this Period

200.00

B. Tom Williams
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : C5006739

Amount of Each Receipt this Period

200.00

C. Gevorg Yanukyan
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : C5006818

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gevorg Yanukyan		Date of Receipt
Mailing Address 1112 E Maple Ave #1112		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Glendale	CA	91205
FEC ID number of contributing federal political committee.		Transaction ID : C5006819
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gevorg Yanukyan		Date of Receipt
Mailing Address 1112 E Maple Ave #1112		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Glendale	CA	91205
FEC ID number of contributing federal political committee.		Transaction ID : C5006820
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David S Zophin		Date of Receipt
Mailing Address 300 S Pine Island Rd Ste 308		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Plantation	FL	33324
FEC ID number of contributing federal political committee.		Transaction ID : C5006740
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 77 OF 79
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : C5006741

Amount of Each Receipt this Period

200.00

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

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

Transaction ID : C5006742

Amount of Each Receipt this Period

200.00

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	34098.98

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Date of Disbursement

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

Mailing Address PO BOX 50084

Transaction ID : **D274247**

City State Zip Code
FORT WORTH TX 76105

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Purpose of Disbursement
33rd Congressional District - TX

011
Category/ Type

Candidate Name

MARC ALLISON VEASEY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 33

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dempsey Committee

Mailing Address 202 Bonham Rd

City Dedham State MA Zip Code 02026-5404

Purpose of Disbursement
State Representative-MA

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : D274245

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

250.00

250.00