

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Office and Professional Employees International Union - Voice of the Electorate

ADDRESS (number and street) 1660 L STREET, NW
SUITE 801
 Check if different than previously reported. (ACC)
Washington DC 20036

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 06 06 2006 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 01 2006 through 05 17 2006

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

Type or Print Name of Treasurer Nancy Wohlforth

Signature of Treasurer Electronically Filed by Nancy Wohlforth Date 07 26 2006

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**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
1	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		327657.33
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	310597.75									
(c) Total Receipts (from Line 19)	51137.03	71282.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	361734.78	398939.44								
7. Total Disbursements (from Line 31)	34900.00	72104.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	326834.78	326834.78								
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

Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
1	7

Y	Y	Y	Y
2	0	0	6

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	27813.00	28243.00
(i) Itemized (use Schedule A)	23209.05	42924.13
(ii) Unitemized	51022.05	71167.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	51022.05	71167.13
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	114.98	114.98
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	51137.03	71282.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51137.03	71282.11

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	24000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5604.66
(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	5604.66
29. Other Disbursements.....	22900.00	41500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34900.00	72104.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	34900.00	72104.66

DETAILED SUMMARY PAGE
of Disbursements

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)	51022.05	71167.13
34. Total Contribution Refunds (from Line 28(d))	0.00	5604.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51022.05	65562.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1000.00
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	1000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 10665 BEDFORD AVE
Suite 201

City State Zip Code
OMAHA NE 68134

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57189

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Richard Altig, Jr

Mailing Address 13911 49TH AVENUE CT NW

City State Zip Code
GIG HARBOR WA 98332

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ -849.22

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C56975

Amount of Each Receipt this Period
1242.00

C. Full Name (Last, First, Middle Initial)
RICK ALTIG Jr

Mailing Address 10025 111th AVE NE

City State Zip Code
KIRKLAND WA 98033

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C56887

Amount of Each Receipt this Period
1248.00

SUBTOTAL of Receipts This Page (optional)	▶	2790.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 223 WATERFORD PARK LN

City State Zip Code
RALEIGH NC 27615

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57255

Amount of Each Receipt this Period
300.00

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

Mailing Address 917A WINDFIELD PL

City State Zip Code
APPLETON WI 54911

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C58810

Amount of Each Receipt this Period
300.00

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

Mailing Address 140 N LAS PALMOS

City State Zip Code
Los Angeles CA 90004

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C60274

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 15581 ANDOVER HEIGHTS DR

City State Zip Code
WOODBIDGE VA 22193

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57058

Amount of Each Receipt this Period
300.00

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

Mailing Address PO BOX 2500

City State Zip Code
NAPA CA 94558

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C58104

Amount of Each Receipt this Period
600.00

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

Mailing Address 1351 Hampton Ct

City State Zip Code
Discovery Bay CA 94514-9291

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57018

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► 1125.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 374 E Pelican Ct

City State Zip Code
Fresno CA 93720-1254

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57831

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
Larry Geneser

Mailing Address 13515 S PEBBLEBROOK LN

City State Zip Code
GREENWOOD MO 64034

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57022

Amount of Each Receipt this Period
1200.00

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

Mailing Address 3 PARKWOOD DR

City State Zip Code
COLTS NECK NJ 07722

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
556.78

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57192

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 208

City State Zip Code
Waco TX 76703-0208

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

Name of Employer Occupation
NATIONAL INCOME LIFE Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2006

Transaction ID: C58998

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
Freder Hadayia Jr

Mailing Address 101 IRON VALLEY DR

City State Zip Code
LEBANON PA 17042

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
MM / DD / YYYY
04 / 04 / 2006

Transaction ID: C56889

Amount of Each Receipt this Period
900.00

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

Mailing Address 12546 WALNUT RIDGE PL

City State Zip Code
FISHERS IN 46038

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2006

Transaction ID: C56982

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional)	▶	2700.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

A. Full Name (Last, First, Middle Initial)
Steve Hartman

Mailing Address 3430 N MOUNTAIN RIDGE RD
#69

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 ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C57335

Amount of Each Receipt this Period
 900.00

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

Mailing Address PO Box 208

City Waco State TX Zip Code 76703-0208

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C58997

Amount of Each Receipt this Period
 750.00

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

Mailing Address 5040 W 190TH STREET

City COUNTRY CLUB State IL Zip Code 60411

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C58154

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	▶	1950.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

Full Name (Last, First, Middle Initial) A. John Jatoft		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 4071 PORT CHICAGO HWY Suite 200		Transaction ID: C57191	
City State Zip Code CONCORD CA 94520		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. William Jennings		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 17961 E EUCLID PL		Transaction ID: C57987	
City State Zip Code AURORA CO 80016		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Christopher Lafond		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 8030 Sherwood Dr		Transaction ID: C58678	
City State Zip Code Presto PA 15142-1078		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

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

Mailing Address 5603 W 125TH ST

City OVERLAND PARK State KS Zip Code 66209

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C57997

Amount of Each Receipt this Period
 300.00

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

Mailing Address N89 W15883 MAIN ST Suite 101

City MENOMONEE FALLS State WI Zip Code 53051

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C58872

Amount of Each Receipt this Period
 900.00

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

Mailing Address 2476 POWELL AVE

City COLUMBUS State OH Zip Code 43209

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C57464

Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

Mailing Address 256 BRUSH TRAIL BEND

City State Zip Code
CIBOLO TX 78108

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57498

Amount of Each Receipt this Period
900.00

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

Mailing Address 1995 HARRIS RD

City State Zip Code
PENFIELD NY 14526

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 753.78

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57090

Amount of Each Receipt this Period
1200.00

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

Mailing Address 26561 W HIGHLAND DR

City State Zip Code
CHANNAHON IL 60410

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: C57528

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional)	▶	3300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial) Gleb Ostrovsky Mailing Address 110 GREENRIDGE DR City MADISON State MS Zip Code 39110 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: C56925 Amount of Each Receipt this Period 300.00
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		

B. Full Name (Last, First, Middle Initial) GREGORY PARTEE Mailing Address 117 CAHABA RIVER PARK City BIRMINGHAM State AL Zip Code 35243 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: C58240 Amount of Each Receipt this Period 300.00
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		

C. Full Name (Last, First, Middle Initial) Paul D Rumbuc Mailing Address 5617 WOODED LAKE DRIVE City Louisville State KY Zip Code 40299 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: C58275 Amount of Each Receipt this Period 1200.00
Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00		

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

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

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

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

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

Mailing Address PO BOX 33160

City NORTH ROYALTON State OH Zip Code 44133

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 424.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C60171

Amount of Each Receipt this Period
 1248.00

B. Full Name (Last, First, Middle Initial)
Leslie Taylor

Mailing Address 1125 Vicksburg Dr

City Festus State MO Zip Code 63028-3479

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

Name of Employer AMERICAN INCOME Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C56940

Amount of Each Receipt this Period
 600.00

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

Mailing Address 1813 Glenville Dr

City Allen State TX Zip Code 75013-3066

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C57198

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	▶	2148.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

Mailing Address 903 Murfreesboro St

City Murfreesboro State TN Zip Code 37127-4765

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C58794

Amount of Each Receipt this Period
 300.00

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

Mailing Address 10246 SW 22nd PL

City DAVIE State FL Zip Code 33324

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C60401

Amount of Each Receipt this Period
 1200.00

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

Mailing Address 101 GROUSE HILL RD

City GLASTONBURY State CT Zip Code 06033

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: C58420

Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional)	▶	2700.00
TOTAL This Period (last page this line number only)	▶	27813.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 22

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

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

Full Name (Last, First, Middle Initial) A. Bill Nelson For Us Senate		Transaction ID: D133 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 916 N Gadsden St		Amount of Each Disbursement this Period 1500.00
City Tallahassee	State FL Zip Code 32303-6316	
Purpose of Disbursement FL - U.S. Senate		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BOB FILNER FOR CONGRESS		Transaction ID: D116 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 127868		Amount of Each Disbursement this Period 500.00
City San Diego	State CA Zip Code 92112	
Purpose of Disbursement CA - US Congress		011 Category/ Type
Candidate Name Bob Filner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 51		

Full Name (Last, First, Middle Initial) C. Committee for Democratic Majority		Transaction ID: D132 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 301 4th Street, NE Suite 202		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Annual Labor Dinner		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	O	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 22

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

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

Full Name (Last, First, Middle Initial) A. Debbie Wasserman Schultz For Congres		Transaction ID: D131 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1725 Main St Ste 215		Amount of Each Disbursement this Period 2500.00
City Weston State FL Zip Code 33326-3670	Purpose of Disbursement FL - U.S. Congress Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Francine Busby for Congress		Transaction ID: D130 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 712		Amount of Each Disbursement this Period 500.00
City Cardiff State CA Zip Code 92007	Purpose of Disbursement CA - Busby for Congress Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. FRIENDS OF SHERROD BROWN		Transaction ID: D129 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 2280 KRESGE DRIVE Suite 800		Amount of Each Disbursement this Period 1000.00
City AMHERST State OH Zip Code 44001	Purpose of Disbursement OH State Congressman Candidate Name Mr. Sherrod Brown 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 22

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address 2280 KRESGE DRIVE
Suite 800

City AMHERST State OH Zip Code 44001

Purpose of Disbursement
OH State Congressman

Candidate Name
Mr. Sherrod Brown

011
Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D128

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

4000.00

B. Full Name (Last, First, Middle Initial)
Lois Murphy for Congress

Mailing Address P.O. Box 312

City Narberth State PA Zip Code 19072

Purpose of Disbursement
PA - Congress

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D137

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

12000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Ernie Mattace		Transaction ID: D136 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 203		Amount of Each Disbursement this Period 2000.00
City Brightwaters	State NY	
Zip Code 11718		011 Category/ Type
Purpose of Disbursement NY State Assembly - 8th District		
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Rendell for Governor		Transaction ID: D127 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 123 S. Broad Street Ste. 1827		Amount of Each Disbursement this Period 15000.00
City Philadelphia	State PA	
Zip Code 19109		011 Category/ Type
Purpose of Disbursement PA - Governor		
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. The Klehs Committee 2006		Transaction ID: D144 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address PO Box 1026		Amount of Each Disbursement this Period 3300.00
City San Leandro	State CA	
Zip Code 94577		011 Category/ Type
Purpose of Disbursement Senate Race		
Candidate Name John Klehs		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District:	

SUBTOTAL of Disbursements This Page (optional) ▶	20300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

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

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

Full Name (Last, First, Middle Initial) A. The Klehs Committee 2006		Transaction ID: D135																					
Mailing Address PO Box 1026		Date of Disbursement																					
City San Leandro State CA Zip Code 94577		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	6		2	0	0	6														
Purpose of Disbursement CA - District 10 Senate Seat		Amount of Each Disbursement this Period																					
Candidate Name John Klehs		<table border="1"> <tr> <td>011</td> </tr> </table>		011																			
011																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: CA District:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	22900.00