

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

Office and Professional Employees International Union (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 ▲

C 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:
- 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 (12S)

Election on 08 / 05 / 2014 in the State of MI

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

Election on / / in the State of

5. Covering Period 07 / 01 / 2014 through 07 / 16 / 2014

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 07 / 22 / 2014

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

Office and Professional Employees International Union (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="2014"/>		815905.63
(b) Cash on Hand at Beginning of Reporting Period.....	780711.71	
(c) Total Receipts (from Line 19)	74805.83	254616.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	855517.54	1070522.44
7. Total Disbursements (from Line 31).....	8977.32	223982.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	846540.22	846540.22
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 07 / 16 / 2014

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).....	31709.00	95059.97
(ii) Unitemized	43091.84	154346.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	74800.84	249406.32
(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)	74800.84	249406.32
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.99	210.49
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))..... ▶	74805.83	254616.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	74805.83	254616.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	5350.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	5350.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2883.65	180883.65
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	343.67	-1426.33
(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)).....	343.67	-1426.33
29. Other Disbursements	5750.00	39174.90
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)) ..	8977.32	223982.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8977.32	223982.22

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)	74800.84	249406.32
34. Total Contribution Refunds (from Line 28(d))	343.67	-1426.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74457.17	250832.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	5350.00
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	5350.00

**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 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. JASON ADAMO		Date of Receipt
Mailing Address 261 WOODLAND AVE		M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
City Old Town	State ME	Zip Code 04468
FEC ID number of contributing federal political committee. C		Transaction ID : C6597068
Name of Employer American Income		Amount of Each Receipt this Period
Occupation Agent		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	400.00	

Full Name (Last, First, Middle Initial) B. JASON ADAMO		Date of Receipt
Mailing Address 261 WOODLAND AVE		M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
City Old Town	State ME	Zip Code 04468
FEC ID number of contributing federal political committee. C		Transaction ID : C6597069
Name of Employer American Income		Amount of Each Receipt this Period
Occupation Agent		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	400.00	

Full Name (Last, First, Middle Initial) C. JASON ADAMO		Date of Receipt
Mailing Address 261 WOODLAND AVE		M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
City Old Town	State ME	Zip Code 04468
FEC ID number of contributing federal political committee. C		Transaction ID : C6597070
Name of Employer American Income		Amount of Each Receipt this Period
Occupation Agent		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	400.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Richard JR Altig JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 15440 Bel-Red Rd
 City Redmond State WA Zip Code 98052
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593414
 Amount of Each Receipt this Period
 416.00

B. Richard JR Altig JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 15440 Bel-Red Rd
 City Redmond State WA Zip Code 98052
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593417
 Amount of Each Receipt this Period
 416.00

C. Richard JR Altig JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 15440 Bel-Red Rd
 City Redmond State WA Zip Code 98052
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593418
 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: (check only one)	PAGE 8 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. SIMON A ARIAS

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594285

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. SIMON A ARIAS

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594286

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. SIMON A ARIAS

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594287

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 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Malka Arony
Full Name (Last, First, Middle Initial)

Mailing Address 3217 E Tonto Ln

City Phoenix State AZ Zip Code 85050

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6592464

Amount of Each Receipt this Period
100.00

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

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : C6588639

Amount of Each Receipt this Period
100.00

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

Mailing Address 1103 N 25TH ST

City OZARK State MO Zip Code 65721

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6593743

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 10 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JAMES BAILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1103 N 25TH ST
 City OZARK State MO Zip Code 65721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Income Life Insurance
 Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593744
 Amount of Each Receipt this Period
 100.00

B. JAMES BAILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1103 N 25TH ST
 City OZARK State MO Zip Code 65721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Income Life Insurance
 Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593745
 Amount of Each Receipt this Period
 100.00

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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : C6588640
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Michelle M Baxter
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 American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6594326

Amount of Each Receipt this Period
100.00

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

Mailing Address 6100 Baneberry Dr

City Westerville State OH Zip Code 43082

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6593364

Amount of Each Receipt this Period
30.00

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

Mailing Address 6100 Baneberry Dr

City Westerville State OH Zip Code 43082

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6593365

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 95
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Stephen P Bendure		Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 6100 Baneberry Dr		Transaction ID : C6593366
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Yaroslav Bitman		Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 4704 Saratoga Falls Ln		Transaction ID : C6592548
City Raleigh	State NC	Zip Code 27614
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 ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Yaroslav Bitman		Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 4704 Saratoga Falls Ln		Transaction ID : C6592549
City Raleigh	State NC	Zip Code 27614
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 ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (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 700.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6592550
 Amount of Each Receipt this Period 100.00

B. David E Blaisdell
 Full Name (Last, First, Middle Initial)
 Mailing Address 537 Hogan Branch Rd
 City Goodlettsville State TN Zip Code 37072
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 270.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6592765
 Amount of Each Receipt this Period 60.00

C. CARMELLA E BLITCH
 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 American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 270.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593887
 Amount of Each Receipt this Period 60.00

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 14 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. JASON BRATIN	Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : C6597369
Mailing Address 67-41 169TH ST	Amount of Each Receipt this Period 100.00
City State Zip Code FRESH MEADOWS NY 11365	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Occupation American Income Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 308.00	

Full Name (Last, First, Middle Initial) B. JASON BRATIN	Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : C6597370
Mailing Address 67-41 169TH ST	Amount of Each Receipt this Period 100.00
City State Zip Code FRESH MEADOWS NY 11365	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Occupation American Income Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 308.00	

Full Name (Last, First, Middle Initial) C. JASON BRATIN	Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : C6597371
Mailing Address 67-41 169TH ST	Amount of Each Receipt this Period 100.00
City State Zip Code FRESH MEADOWS NY 11365	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Occupation American Income Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 308.00	

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 15 OF 95
	<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 (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 ▼ **215.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : C6588642

Amount of Each Receipt this Period
25.00

B. DORIAN P BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 1706 15TH ST NW

City WINTER HAVEN State FL Zip Code 33881

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

Name of Employer American Income Occupation 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
07 / 09 / 2014

Transaction ID : C6595300

Amount of Each Receipt this Period
100.00

C. DORIAN P BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 1706 15TH ST NW

City WINTER HAVEN State FL Zip Code 33881

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

Name of Employer American Income Occupation 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
07 / 09 / 2014

Transaction ID : C6595301

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 16 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DORIAN P BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 1706 15TH ST NW

City WINTER HAVEN State FL Zip Code 33881

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

Name of Employer American Income Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 09 / 2014

Transaction ID : C6595303

Amount of Each Receipt this Period 100.00

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

Mailing Address 2327 TALLAPOOSA DR

City DULUTH State GA Zip Code 30097

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 09 / 2014

Transaction ID : C6593627

Amount of Each Receipt this Period 100.00

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

Mailing Address 2327 TALLAPOOSA DR

City DULUTH State GA Zip Code 30097

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

Name of Employer National Income Life Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 09 / 2014

Transaction ID : C6593628

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 17 OF 95 (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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 2327 TALLAPOOSA DR

City DULUTH	State GA	Zip Code 30097
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : C6593629

Amount of Each Receipt this Period

100.00

B. ROBERT A CHUN
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1171

City PEARL CITY	State HI	Zip Code 96782
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : C6594413

Amount of Each Receipt this Period

25.00

C. ROBERT A CHUN
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1171

City PEARL CITY	State HI	Zip Code 96782
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : C6594414

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 18 OF 95
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. ROBERT A CHUN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1171
 City Pearl City State HI Zip Code 96782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 09 / 2014**
Transaction ID : C6594415
 Amount of Each Receipt this Period **25.00**

B. Timothy D Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 861 B'S and K'S Rd
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **07 / 09 / 2014**
Transaction ID : C6593367
 Amount of Each Receipt this Period **30.00**

c. Timothy D Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 861 B'S and K'S Rd
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **07 / 09 / 2014**
Transaction ID : C6593368
 Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 OF 95 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 14220 W 123RD TER

City OLATHE State KS Zip Code 66062

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6595368

Amount of Each Receipt this Period
 100.00

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

Mailing Address 14220 W 123RD TER

City OLATHE State KS Zip Code 66062

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6595369

Amount of Each Receipt this Period
 100.00

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

Mailing Address 14220 W 123RD TER

City OLATHE State KS Zip Code 66062

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6595370

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 20 OF 95
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Eric L Cochran			Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 1301 Se Princeton PI			Transaction ID : C6593383
City Lees Summit	State MO	Zip Code 64081	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 900.00	
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) ▼	

Full Name (Last, First, Middle Initial) B. Eric L Cochran			Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 1301 Se Princeton PI			Transaction ID : C6593384
City Lees Summit	State MO	Zip Code 64081	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 900.00	
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) ▼	

Full Name (Last, First, Middle Initial) C. Eric L Cochran			Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 1301 Se Princeton PI			Transaction ID : C6593385
City Lees Summit	State MO	Zip Code 64081	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 900.00	
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) ▼	

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 21 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6592817

Amount of Each Receipt this Period
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6592818

Amount of Each Receipt this Period
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6592819

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Micah Cohen
Full Name (Last, First, Middle Initial)
Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593401

Amount of Each Receipt this Period
150.00

B. Micah Cohen
Full Name (Last, First, Middle Initial)
Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593402

Amount of Each Receipt this Period
150.00

C. Micah Cohen
Full Name (Last, First, Middle Initial)
Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593403

Amount of Each Receipt this Period
150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 1320 N CONCORD AVE

City CHANDLER State AZ Zip Code 85225

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594423

Amount of Each Receipt this Period
 100.00

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

Mailing Address 1320 N CONCORD AVE

City CHANDLER State AZ Zip Code 85225

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594424

Amount of Each Receipt this Period
 100.00

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

Mailing Address 1320 N CONCORD AVE

City CHANDLER State AZ Zip Code 85225

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594425

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 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. NIGEL A CROWE
Full Name (Last, First, Middle Initial)

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6594250

Amount of Each Receipt this Period

B. NIGEL A CROWE
Full Name (Last, First, Middle Initial)

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6594251

Amount of Each Receipt this Period

C. NIGEL A CROWE
Full Name (Last, First, Middle Initial)

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6594252

Amount of Each Receipt this Period

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593999

Amount of Each Receipt this Period
50.00

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

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594000

Amount of Each Receipt this Period
50.00

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

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594001

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593446

Amount of Each Receipt this Period
 100.00

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

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593447

Amount of Each Receipt this Period
 100.00

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

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593448

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 27 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Scott R Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 34420 St Maron Blvd
 City Avon State OH Zip Code 44011
 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 M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6592918
 Amount of Each Receipt this Period
 100.00

B. Scott R Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 34420 St Maron Blvd
 City Avon State OH Zip Code 44011
 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 M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6592919
 Amount of Each Receipt this Period
 100.00

C. Scott R Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 34420 St Maron Blvd
 City Avon State OH Zip Code 44011
 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 M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6592920
 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 95 (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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Cara A Defiore	Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : C6592750
Mailing Address 4624 Terrang Trl	Amount of Each Receipt this Period 40.00
City Machesney Park State IL Zip Code 61115	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 360.00
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) ▼	

Full Name (Last, First, Middle Initial) B. Cara A Defiore	Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : C6592751
Mailing Address 4624 Terrang Trl	Amount of Each Receipt this Period 40.00
City Machesney Park State IL Zip Code 61115	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 360.00
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) ▼	

Full Name (Last, First, Middle Initial) C. Cara A Defiore	Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : C6592752
Mailing Address 4624 Terrang Trl	Amount of Each Receipt this Period 40.00
City Machesney Park State IL Zip Code 61115	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 360.00
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) ▼	

SUBTOTAL of Receipts This Page (optional)..... ▶	120.00
TOTAL This Period (last page this line number only)..... ▶	40.00

**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 29 OF 95
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Jason P Dickson
Full Name (Last, First, Middle Initial)
Mailing Address 408 Blue Ridge Dr
City Moon Township State PA Zip Code 15108
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6592513
Amount of Each Receipt this Period 25.00

B. Jason P Dickson
Full Name (Last, First, Middle Initial)
Mailing Address 408 Blue Ridge Dr
City Moon Township State PA Zip Code 15108
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6592514
Amount of Each Receipt this Period 25.00

C. Jason P Dickson
Full Name (Last, First, Middle Initial)
Mailing Address 408 Blue Ridge Dr
City Moon Township State PA Zip Code 15108
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6592515
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JOSEPH DIECEDUE
Full Name (Last, First, Middle Initial)

Mailing Address 5757 CORPORATE BLVD STE 104

City BATON ROUGE	State LA	Zip Code 70808
---------------------	-------------	-------------------

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
07		09		2014

Transaction ID : C6595134

Amount of Each Receipt this Period
100.00

B. JOSEPH DIECEDUE
Full Name (Last, First, Middle Initial)

Mailing Address 5757 CORPORATE BLVD STE 104

City BATON ROUGE	State LA	Zip Code 70808
---------------------	-------------	-------------------

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
07		09		2014

Transaction ID : C6595135

Amount of Each Receipt this Period
100.00

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

Mailing Address 5757 CORPORATE BLVD STE 104

City BATON ROUGE	State LA	Zip Code 70808
---------------------	-------------	-------------------

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
07		09		2014

Transaction ID : C6595136

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 31 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 2222 Bull Street
Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer Local 4873 Occupation Exec. Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **725.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : C6588644

Amount of Each Receipt this Period
100.00

B. DESI DIMITROVA
Full Name (Last, First, Middle Initial)

Mailing Address 2286 SLOAN DR

City LA VERNE State CA Zip Code 91750

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6594162

Amount of Each Receipt this Period
100.00

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

Mailing Address 2286 SLOAN DR

City LA VERNE State CA Zip Code 91750

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6594163

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 32 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DESI DIMITROVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2286 SLOAN DR
 City LA VERNE State CA Zip Code 91750
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6594165
 Amount of Each Receipt this Period 100.00

B. WILLIAM M DOBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4123 CHACE LAKE CIR
 City HOOVER State AL Zip Code 35244
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6596113
 Amount of Each Receipt this Period 100.00

C. WILLIAM M DOBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4123 CHACE LAKE CIR
 City HOOVER State AL Zip Code 35244
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6596114
 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 33 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. MITCHELL L DUPLANTIS
Full Name (Last, First, Middle Initial)

Mailing Address 1023 CLINTON ST #5A

City Hoboken State NJ Zip Code 07030

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

Name of Employer American Income Occupation 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
07 / 09 / 2014

Transaction ID : C6599701

Amount of Each Receipt this Period
100.00

B. MITCHELL L DUPLANTIS
Full Name (Last, First, Middle Initial)

Mailing Address 1023 CLINTON ST #5A

City Hoboken State NJ Zip Code 07030

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

Name of Employer American Income Occupation 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
07 / 09 / 2014

Transaction ID : C6599702

Amount of Each Receipt this Period
100.00

C. MITCHELL L DUPLANTIS
Full Name (Last, First, Middle Initial)

Mailing Address 1023 CLINTON ST #5A

City Hoboken State NJ Zip Code 07030

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

Name of Employer American Income Occupation 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
07 / 09 / 2014

Transaction ID : C6599703

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 34 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. RICHARD J DYER
Full Name (Last, First, Middle Initial)

Mailing Address 1309 N MERIDIAN AVE #112

City OKLAHOMA CITY	State OK	Zip Code 73107
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6597497

Amount of Each Receipt this Period

B. RICHARD J DYER
Full Name (Last, First, Middle Initial)

Mailing Address 1309 N MERIDIAN AVE #112

City OKLAHOMA CITY	State OK	Zip Code 73107
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6597498

Amount of Each Receipt this Period

C. RICHARD J DYER
Full Name (Last, First, Middle Initial)

Mailing Address 1309 N MERIDIAN AVE #112

City OKLAHOMA CITY	State OK	Zip Code 73107
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6597499

Amount of Each Receipt this Period

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 4071 Port Chicago Hwy St 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592835

Amount of Each Receipt this Period
200.00

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

Mailing Address 4071 Port Chicago Hwy St 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592836

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 ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592837

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 36 OF 95
	<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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 7229 Kingman Cir

City Indianapolis State IN Zip Code 46256

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 09 / 2014

Transaction ID : C6592535

Amount of Each Receipt this Period 200.00

B. ROGER X FUNG
Full Name (Last, First, Middle Initial)

Mailing Address 12845 NW FOREST SPRING LN

City PORTLAND State OR Zip Code 97229

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 09 / 2014

Transaction ID : C6595483

Amount of Each Receipt this Period 100.00

C. ROGER X FUNG
Full Name (Last, First, Middle Initial)

Mailing Address 12845 NW FOREST SPRING LN

City PORTLAND State OR Zip Code 97229

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 09 / 2014

Transaction ID : C6595484

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 37 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. ROGER X FUNG
Full Name (Last, First, Middle Initial)

Mailing Address 12845 NW FOREST SPRING LN

City PORTLAND State OR Zip Code 97229

FEC ID number of contributing federal political committee.

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6595485

Amount of Each Receipt this Period

B. CINDY FURER
Full Name (Last, First, Middle Initial)

Mailing Address 15835 WINDROSE CT

City SAN DIEGO State CA Zip Code 92127

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6594526

Amount of Each Receipt this Period

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

Mailing Address 15835 WINDROSE CT

City SAN DIEGO State CA Zip Code 92127

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6594527

Amount of Each Receipt this Period

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: (check only one)	PAGE 38 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. CINDY FURER

Mailing Address 15835 WINDROSE CT

City SAN DIEGO	State CA	Zip Code 92127
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594528

Amount of Each Receipt this Period
150.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City Eatontown	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

Name of Employer American Income	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
 07 / 09 / 2014

Transaction ID : C6599715

Amount of Each Receipt this Period
400.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City Eatontown	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

Name of Employer American Income	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
 07 / 09 / 2014

Transaction ID : C6599716

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City Eatontown	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

Name of Employer American Income	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
 07 / 09 / 2014
Transaction ID : C6599717

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. DENISE E GILBERT

Mailing Address PO Box 208

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

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 M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593795

Amount of Each Receipt this Period
100.00

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

Mailing Address 43 Nocturne Woods PI

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 ▼
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6592747

Amount of Each Receipt this Period
200.00

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 40 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Steven K Greer		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		09		2014
M M	/	D D	/	Y Y Y Y								
07		09		2014								
Mailing Address 43 Nocturne Woods Pl		Transaction ID : C6592748										
City The Woodlands	State TX	Zip Code 77382										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00											
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 ▼ 2600.00											

Full Name (Last, First, Middle Initial) B. Steven K Greer		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		09		2014
M M	/	D D	/	Y Y Y Y								
07		09		2014								
Mailing Address 43 Nocturne Woods Pl		Transaction ID : C6592749										
City The Woodlands	State TX	Zip Code 77382										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00											
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 ▼ 2600.00											

Full Name (Last, First, Middle Initial) C. Kelly Gschwend		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		09		2014
M M	/	D D	/	Y Y Y Y								
07		09		2014								
Mailing Address 621 Sequoia St		Transaction ID : C6603571										
City Brentwood	State CA	Zip Code 94513										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00											
Name of Employer LOCAL 29	Occupation ORGANIZER											
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).....▶	640.00
TOTAL This Period (last page this line 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 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Mark Hancock		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Fishers State IN Zip Code 46038		Transaction ID : C6592493
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AMERICAN INCOME LIFE INS. CO. 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="2600.00"/>	

Full Name (Last, First, Middle Initial) B. Mark Hancock		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Fishers State IN Zip Code 46038		Transaction ID : C6592494
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2600.00"/>	

Full Name (Last, First, Middle Initial) C. Mark Hancock		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Fishers State IN Zip Code 46038		Transaction ID : C6592495
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
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 42 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. MATHEW R HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 8843 W RANCH RD
 City TRACY State CA Zip Code 95376
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation 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
 07 / 09 / 2014
Transaction ID : C6598425
 Amount of Each Receipt this Period
 100.00

B. MATHEW R HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 8843 W RANCH RD
 City TRACY State CA Zip Code 95376
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation 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
 07 / 09 / 2014
Transaction ID : C6598426
 Amount of Each Receipt this Period
 100.00

C. MATHEW R HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 8843 W RANCH RD
 City TRACY State CA Zip Code 95376
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation 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
 07 / 09 / 2014
Transaction ID : C6598427
 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 43 OF 95
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DAVID P HAUSMAN
Full Name (Last, First, Middle Initial)

Mailing Address 12 RIDGEVIEW CT

City Ringoes State NJ Zip Code 08551

FEC ID number of contributing federal political committee.

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6597345

Amount of Each Receipt this Period

B. DAVID P HAUSMAN
Full Name (Last, First, Middle Initial)

Mailing Address 12 RIDGEVIEW CT

City Ringoes State NJ Zip Code 08551

FEC ID number of contributing federal political committee.

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6597346

Amount of Each Receipt this Period

C. DAVID P HAUSMAN
Full Name (Last, First, Middle Initial)

Mailing Address 12 RIDGEVIEW CT

City Ringoes State NJ Zip Code 08551

FEC ID number of contributing federal political committee.

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6597347

Amount of Each Receipt this Period

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 44 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (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 2250.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6593474
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 2250.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6593475
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 2250.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6593476
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: (check only one)	PAGE 45 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (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 ▼ 2150.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593404
 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 ▼ 2150.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593405
 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 ▼ 2150.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593407
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional).....▶ 650.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. CHRISTOPHER HERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 E LAFAYETTE PL #608
 City MILWAUKEE State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593794
 Amount of Each Receipt this Period
 100.00

B. Charles H Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 Miwok Dr
 City Lodi State CA Zip Code 95240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6592496
 Amount of Each Receipt this Period
 20.00

c. Charles H Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 Miwok Dr
 City Lodi State CA Zip Code 95240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6592497
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 OF 95 (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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592498

Amount of Each Receipt this Period
20.00

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

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592500

Amount of Each Receipt this Period
20.00

C. MATTHEW P HOGAN
Full Name (Last, First, Middle Initial)

Mailing Address 130 PAMPAS DR

City POOLER State GA Zip Code 31322

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6595585

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **140.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. MATTHEW P HOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 PAMPAS DR
 City POOLER State GA Zip Code 31322
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 700.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6595586
 Amount of Each Receipt this Period 100.00

B. MATTHEW P HOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 PAMPAS DR
 City POOLER State GA Zip Code 31322
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 700.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6595587
 Amount of Each Receipt this Period 100.00

C. NECTARINA HOROS
 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 225.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593923
 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)..... 275.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. MARCUS HOWARD		Date of Receipt
Mailing Address 526 S D ST		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
HAMILTON	OH	45013
FEC ID number of contributing federal political committee.		Transaction ID : C6593639
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARCUS HOWARD		Date of Receipt
Mailing Address 526 S D ST		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
HAMILTON	OH	45013
FEC ID number of contributing federal political committee.		Transaction ID : C6593640
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MARCUS HOWARD		Date of Receipt
Mailing Address 526 S D ST		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
HAMILTON	OH	45013
FEC ID number of contributing federal political committee.		Transaction ID : C6593641
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
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 50 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Date of Receipt 07 / 09 / 2014
Transaction ID : C6593648
Amount of Each Receipt this Period 25.00

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

Date of Receipt 07 / 09 / 2014
Transaction ID : C6593652
Amount of Each Receipt this Period 25.00

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

Date of Receipt 07 / 09 / 2014
Transaction ID : C6593653
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 51 OF 95
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. MARKO JANKOVIC
Full Name (Last, First, Middle Initial)

Mailing Address 3826 BROADLAWN DRIVE

City	State	Zip Code
LOS ANGELES	CA	90068

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

Name of Employer	Occupation
American Income	Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6596543

Amount of Each Receipt this Period
 100.00

B. MARKO JANKOVIC
Full Name (Last, First, Middle Initial)

Mailing Address 3826 BROADLAWN DRIVE

City	State	Zip Code
LOS ANGELES	CA	90068

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

Name of Employer	Occupation
American Income	Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6596544

Amount of Each Receipt this Period
 100.00

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

Mailing Address 4071 Port Chicago Hwy
Suite 200

City	State	Zip Code
Concord	CA	94520

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 ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592510

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 52 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 4071 Port Chicago Hwy
Suite 200

City Concord State CA Zip Code 94520

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6592511

Amount of Each Receipt this Period
200.00

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

Mailing Address 4071 Port Chicago Hwy
Suite 200

City Concord State CA Zip Code 94520

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6592512

Amount of Each Receipt this Period
200.00

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

Mailing Address 8301 S 88TH AVE #402

City JUSTICE State IL Zip Code 60458

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6598863

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 480.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. MARK JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 8301 S 88TH AVE #402
City JUSTICE State IL Zip Code 60458
FEC ID number of contributing federal political committee. C
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6598864
Amount of Each Receipt this Period 80.00

B. MARK JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 8301 S 88TH AVE #402
City JUSTICE State IL Zip Code 60458
FEC ID number of contributing federal political committee. C
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6598865
Amount of Each Receipt this Period 80.00

C. Theatla Jones
Full Name (Last, First, Middle Initial)
Mailing Address 2222 Bull St
City Savannah State GA Zip Code 31401
FEC ID number of contributing federal political committee. C
Name of Employer OPEIU, Local #4873 Occupation Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 07 / 2014
Transaction ID : C6588646
Amount of Each Receipt this Period 100.00

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 54 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 67627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6597217

Amount of Each Receipt this Period 100.00

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

Mailing Address 67627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6597218

Amount of Each Receipt this Period 100.00

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

Mailing Address 67627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6597219

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 55 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. STEPHEN J JUBREY

Mailing Address 1440 CARROLLTON PRKWY #32207

City State Zip Code
CARROLLTON TX 75010

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

Name of Employer Occupation
American Income Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6595627

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. STEPHEN J JUBREY

Mailing Address 1440 CARROLLTON PRKWY #32207

City State Zip Code
CARROLLTON TX 75010

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

Name of Employer Occupation
American Income Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6595628

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. STEPHEN J JUBREY

Mailing Address 1440 CARROLLTON PRKWY #32207

City State Zip Code
CARROLLTON TX 75010

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

Name of Employer Occupation
American Income Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6595629

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 56 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. CHRISTINE JUDGE
Full Name (Last, First, Middle Initial)
Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : C6594256

Amount of Each Receipt this Period
100.00

B. CHRISTINE JUDGE
Full Name (Last, First, Middle Initial)
Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : C6594257

Amount of Each Receipt this Period
100.00

C. CHRISTINE JUDGE
Full Name (Last, First, Middle Initial)
Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2014

Transaction ID : C6594258

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 57 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 2222 Bull St
Suite 200

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
07 / 07 / 2014
Transaction ID : C6588647

Amount of Each Receipt this Period
50.00

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

Mailing Address 1137 Wlper St
Apt 26

City Hayward State CA Zip Code 94541-6768

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

Name of Employer LOCAL 29 Occupation Business Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6603568

Amount of Each Receipt this Period
40.00

C. John Lewis
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 ▼
252.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6595689

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.00

TOTAL This Period (last page this line 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 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. SABRINA N LLOYD

Mailing Address **9 LONGMEADOW DR**

City **BARRINGTON HILLS** State **IL** Zip Code **60010**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
07 / 09 / 2014

Transaction ID : C6594207

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. SABRINA N LLOYD

Mailing Address **9 LONGMEADOW DR**

City **BARRINGTON HILLS** State **IL** Zip Code **60010**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
07 / 09 / 2014

Transaction ID : C6594208

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. SABRINA N LLOYD

Mailing Address **9 LONGMEADOW DR**

City **BARRINGTON HILLS** State **IL** Zip Code **60010**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
07 / 09 / 2014

Transaction ID : C6594209

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 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 8728 CUMBERNAULD CIR N

City	State	Zip Code
GERMANTOWN	TN	38139

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

Name of Employer	Occupation
American Income Life Ins.	Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		09		2014

Transaction ID : C6594715

Amount of Each Receipt this Period

100.00

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

Mailing Address 8728 CUMBERNAULD CIR N

City	State	Zip Code
GERMANTOWN	TN	38139

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

Name of Employer	Occupation
American Income Life Ins.	Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		09		2014

Transaction ID : C6594716

Amount of Each Receipt this Period

100.00

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

Mailing Address 8728 CUMBERNAULD CIR N

City	State	Zip Code
GERMANTOWN	TN	38139

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

Name of Employer	Occupation
American Income Life Ins.	Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		09		2014

Transaction ID : C6594717

Amount of Each Receipt this Period

100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 95
<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 (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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592838

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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592839

Amount of Each Receipt this Period
 100.00

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

Mailing Address 4537 Cove Dr
Apt B

City Carlsbad	State CA	Zip Code 92008
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592469

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. John McCreary
 Full Name (Last, First, Middle Initial)
 Mailing Address 4537 Cove Dr
 Apt B
 City Carlsbad State CA Zip Code 92008
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6592472
 Amount of Each Receipt this Period
 50.00

B. John McCreary
 Full Name (Last, First, Middle Initial)
 Mailing Address 4537 Cove Dr
 Apt B
 City Carlsbad State CA Zip Code 92008
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6592473
 Amount of Each Receipt this Period
 50.00

C. DARREN K MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9119 N WHITE OAK LN #223
 City BAYSIDE State WI Zip Code 53217
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593903
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DARREN K MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6593907

Amount of Each Receipt this Period
25.00

B. DARREN K MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6593908

Amount of Each Receipt this Period
25.00

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

Mailing Address 3950 S FREMONT AVE #B15

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
07 / 09 / 2014
Transaction ID : C6595749

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. CATHERINE C MINOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3950 S FREMONT AVE #B15
 City SPRINGFIELD State MO Zip Code 65804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6595750
 Amount of Each Receipt this Period
 100.00

B. CATHERINE C MINOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3950 S FREMONT AVE #B15
 City SPRINGFIELD State MO Zip Code 65804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6595751
 Amount of Each Receipt this Period
 100.00

C. Suzanne Mode
 Full Name (Last, First, Middle Initial)
 Mailing Address 6515 Francis Ave N
 City Seattle State WA Zip Code 98103-5243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOCAL 8 Occupation Business Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 389.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : C6588629
 Amount of Each Receipt this Period
 20.00

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 64 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. TRAVIS P MOODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 WOODMORE AVE
 City LOUISVILLE State KY Zip Code 40214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593717
 Amount of Each Receipt this Period
 100.00

B. PATRICIA MORGAN
 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 American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593796
 Amount of Each Receipt this Period
 100.00

C. Eric J Neal
 Full Name (Last, First, Middle Initial)
 Mailing Address 1355 Woodside Dr
 City Arnold State MO Zip Code 63010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593410
 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: (check only one)	PAGE 65 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 1355 Woodside Dr

City Arnold State MO Zip Code 63010

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6593411

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 ▼ **2700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6593412

Amount of Each Receipt this Period
300.00

C. DORIAN S OLDHAM
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY State MO Zip Code 64116

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6594044

Amount of Each Receipt this Period
100.00

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 66 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DORIAN S OLDHAM
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594045

Amount of Each Receipt this Period
100.00

B. DORIAN S OLDHAM
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594046

Amount of Each Receipt this Period
100.00

C. 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 ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593473

Amount of Each Receipt this Period
1600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 26561 W HIGHLAND DR

City CHANNAHON State IL Zip Code 60410

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593994

Amount of Each Receipt this Period
 400.00

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

Mailing Address 26561 W HIGHLAND DR

City CHANNAHON State IL Zip Code 60410

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593995

Amount of Each Receipt this Period
 400.00

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

Mailing Address 26561 W HIGHLAND DR

City CHANNAHON State IL Zip Code 60410

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593996

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 95
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Laurie Onasch		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : C6592675
Mailing Address 632 Moraine Ct		Amount of Each Receipt this Period 120.00
City Colgate	State WI	Zip Code 53017
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. CHAD T PANZER		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : C6595815
Mailing Address 302 EAGLE POINT		Amount of Each Receipt this Period 100.00
City COLUMBIA	State SC	Zip Code 29229
FEC ID number of contributing federal political committee. C		
Name of Employer American Income	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. CHAD T PANZER		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : C6595816
Mailing Address 302 EAGLE POINT		Amount of Each Receipt this Period 100.00
City COLUMBIA	State SC	Zip Code 29229
FEC ID number of contributing federal political committee. C		
Name of Employer American Income	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 95
	<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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. CHAD T PANZER		Date of Receipt 07 / 09 / 2014 Transaction ID : C6595817
Mailing Address 302 EAGLE POINT		Amount of Each Receipt this Period 100.00
City COLUMBIA	State SC	Zip Code 29229
FEC ID number of contributing federal political committee. C		
Name of Employer American Income	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. FRANCISCO M PEREZ		Date of Receipt 07 / 09 / 2014 Transaction ID : C6600196
Mailing Address 1 LEE AVE		Amount of Each Receipt this Period 100.00
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee. C		
Name of Employer American Income	Occupation 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. FRANCISCO M PEREZ		Date of Receipt 07 / 09 / 2014 Transaction ID : C6600197
Mailing Address 1 LEE AVE		Amount of Each Receipt this Period 100.00
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee. C		
Name of Employer American Income	Occupation 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 70 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. FRANCISCO M PEREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 LEE AVE
 City Providence State RI Zip Code 02904
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6600198
 Amount of Each Receipt this Period 100.00

B. Denise M Perkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Bull St
 City Savannah State GA Zip Code 31401
 FEC ID number of contributing federal political committee. C
 Name of Employer OPEIU, Local #4873 Occupation Office Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 215.00

Date of Receipt 07 / 07 / 2014
 Transaction ID : C6588650
 Amount of Each Receipt this Period 25.00

C. PHILIP PRATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 GEORGE ST #405
 City Middletown State CT Zip Code 06457
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 900.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6598635
 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:	PAGE 71 OF 95
	(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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		09		2014

Transaction ID : C6598636

Amount of Each Receipt this Period

100.00

B. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		09		2014

Transaction ID : C6598637

Amount of Each Receipt this Period

100.00

c. Scott J Rehberg
Full Name (Last, First, Middle Initial)
Mailing Address 1153 Thistle Ln

City Lebanon	State OH	Zip Code 45036
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **695.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		09		2014

Transaction ID : C6593372

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 95
	<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 (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 ▼ **695.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593373

Amount of Each Receipt this Period
55.00

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

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **695.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593374

Amount of Each Receipt this Period
80.00

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : C6588495

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ► **185.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 95		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Date of Receipt
 07 / 09 / 2014
Transaction ID : C6593460
 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 ▼ 900.00

Date of Receipt
 07 / 09 / 2014
Transaction ID : C6593461
 Amount of Each Receipt this Period
 100.00

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

Date of Receipt
 07 / 09 / 2014
Transaction ID : C6593462
 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 74 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Tamara Rubyn			Date of Receipt
Mailing Address PO Box 149			<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6603563
Carmichael	CA	95609-0149	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="400.00"/>
Name of Employer	Occupation		
LOCAL 29	President/Business Manager		
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. Paul D Rumbuc			Date of Receipt
Mailing Address 3570 Magnoloia Ct			<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6592662
Oakland Township	MI	48363	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="400.00"/>
Name of Employer	Occupation		
American Income Life	Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Paul D Rumbuc			Date of Receipt
Mailing Address 3570 Magnoloia Ct			<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6592663
Oakland Township	MI	48363	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="400.00"/>
Name of Employer	Occupation		
American Income Life	Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="840.00"/>
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 75 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 3570 Magnolia Ct

City Oakland Township State MI Zip Code 48363

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

Name of Employer American Income Life Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592664

Amount of Each Receipt this Period
 400.00

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

Mailing Address PO Box 14841

City Oakland State CA Zip Code 94614-0841

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

Name of Employer LOCAL 29 Occupation Secretary-Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6603565

Amount of Each Receipt this Period
 40.00

C. JAVIER L SANDOVAL
Full Name (Last, First, Middle Initial)

Mailing Address 1 RANGER RD

City Hollis State NH Zip Code 03049

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6599697

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	540.00
TOTAL This Period (last page this line 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 95
	(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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. JAVIER L SANDOVAL		Date of Receipt
Mailing Address 1 RANGER RD		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hollis	NH	03049
FEC ID number of contributing federal political committee.		Transaction ID : C6599698
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.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JAVIER L SANDOVAL		Date of Receipt
Mailing Address 1 RANGER RD		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hollis	NH	03049
FEC ID number of contributing federal political committee.		Transaction ID : C6599699
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.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joe Serrano		Date of Receipt
Mailing Address 6070 Gateway E Suite 5006		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79905
FEC ID number of contributing federal political committee.		Transaction ID : C6588652
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
local 4873	Bus. Rep.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
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 77 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593378
 Amount of Each Receipt this Period
80.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593379
 Amount of Each Receipt this Period
80.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593380
 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 78 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Curt D 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 Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593382
 Amount of Each Receipt this Period
 80.00

B. ERICK S SNYDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1132 SELMER RD
 City PHILADELPHIA State PA Zip Code 19116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6597648
 Amount of Each Receipt this Period
 83.00

C. ERICK S SNYDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1132 SELMER RD
 City PHILADELPHIA State PA Zip Code 19116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6597649
 Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional).....▶	246.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. ERICK S SNYDER

Mailing Address 1132 SELMER RD

City PHILADELPHIA State PA Zip Code 19116

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6597650

Amount of Each Receipt this Period
83.00

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

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6593392

Amount of Each Receipt this Period
100.00

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

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6593393

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	283.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
07 / 09 / 2014

Transaction ID : C6593394

Amount of Each Receipt this Period
100.00

B. JOHN C SPARBY
Full Name (Last, First, Middle Initial)

Mailing Address 1731 HICKORY HILL DR

City EAGAN State MN Zip Code 55122

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
07 / 09 / 2014

Transaction ID : C6593739

Amount of Each Receipt this Period
40.00

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

Mailing Address 1731 HICKORY HILL DR

City EAGAN State MN Zip Code 55122

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
07 / 09 / 2014

Transaction ID : C6593740

Amount of Each Receipt this Period
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JOHN C SPARBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1731 HICKORY HILL DR
 City EAGAN State MN Zip Code 55122
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 360.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593741
 Amount of Each Receipt this Period 40.00

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 3744.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6592843
 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 3744.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6592844
 Amount of Each Receipt this Period 416.00

SUBTOTAL of Receipts This Page (optional)..... 872.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 95
	<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 (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 ▼ **3744.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6592845

Amount of Each Receipt this Period
416.00

B. RANDY E TEYSSIER
Full Name (Last, First, Middle Initial)

Mailing Address 103 TARTAN RD

City GIBSONIA State PA Zip Code 15044

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594956

Amount of Each Receipt this Period
100.00

C. RANDY E TEYSSIER
Full Name (Last, First, Middle Initial)

Mailing Address 103 TARTAN RD

City GIBSONIA State PA Zip Code 15044

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6594957

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... **526.00**

TOTAL This Period (last page this line 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 83 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. RANDY E TEYSSIER
Full Name (Last, First, Middle Initial)

Mailing Address 103 TARTAN RD

City GIBSONIA State PA Zip Code 15044

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 07 / 09 / 2014

Transaction ID : C6594958

Amount of Each Receipt this Period 100.00

B. JEFFERY P THIEL
Full Name (Last, First, Middle Initial)

Mailing Address 116 VLASIS DR

City BALLWIN State MO Zip Code 63011

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 07 / 09 / 2014

Transaction ID : C6595125

Amount of Each Receipt this Period 100.00

C. JEFFERY P THIEL
Full Name (Last, First, Middle Initial)

Mailing Address 116 VLASIS DR

City BALLWIN State MO Zip Code 63011

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 07 / 09 / 2014

Transaction ID : C6595126

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

TOTAL This Period (last page this line 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 84 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JEFFERY P THIEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 VLASIS DR
 City BALLWIN State MO Zip Code 63011
 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 07 / 09 / 2014
 Transaction ID : C6595127
 Amount of Each Receipt this Period 100.00

B. Krista M Thieme
 Full Name (Last, First, Middle Initial)
 Mailing Address 16825 N 14Th St #93
 City Phoenix State AZ Zip Code 85022
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593358
 Amount of Each Receipt this Period 25.00

C. Krista M Thieme
 Full Name (Last, First, Middle Initial)
 Mailing Address 16825 N 14Th St #93
 City Phoenix State AZ Zip Code 85022
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593359
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Krista M Thieme
 Full Name (Last, First, Middle Initial)
 Mailing Address 16825 N 14Th St #93
 City Phoenix State AZ Zip Code 85022
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 207.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593361
 Amount of Each Receipt this Period 25.00

B. Robert A Ulreich
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Vista Del Mor
 City San Rafael State CA Zip Code 94901
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 225.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6592481
 Amount of Each Receipt this Period 25.00

C. Robert A Ulreich
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Vista Del Mor
 City San Rafael State CA Zip Code 94901
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 225.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6592482
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... 75.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 95
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Robert A Ulreich		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014
Mailing Address 180 Vista Del Mor		Transaction ID : C6592486
City San Rafael	State CA	Zip Code 94901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Denice Washington		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014
Mailing Address 1545 69th Ave		Transaction ID : C6603575
City Oakland	State CA	Zip Code 94621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer OPEIU Local 29	Occupation Business Representative	
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. JAMI WEATHERSPOON JR		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014
Mailing Address 9880 WESTPOINT DR STE 500		Transaction ID : C6594008
City INDIANAPOLIS	State IN	Zip Code 46256
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Income Life Insurance	Occupation 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).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JAMI WEATHERSPOON JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6594009

Amount of Each Receipt this Period
50.00

B. JAMI WEATHERSPOON JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6594010

Amount of Each Receipt this Period
50.00

C. JEREMY WELCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5111 NATALIE DR

City BRYANT	State AR	Zip Code 72022
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : C6593930

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 5111 NATALIE DR

City BRYANT State AR Zip Code 72022

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593931

Amount of Each Receipt this Period
 100.00

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

Mailing Address 5111 NATALIE DR

City BRYANT State AR Zip Code 72022

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C6593932

Amount of Each Receipt this Period
 100.00

C. Jacqueline K White-Brown
Full Name (Last, First, Middle Initial)

Mailing Address 128 W Olive Ave

City Monrovia State CA Zip Code 91016-3410

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

Name of Employer OPEIU LOCAL 537 Occupation Sec.Treas./Bus. Mgr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014

Transaction ID : C6588622

Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)
Office and Professional Employees International Union (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 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 802.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593395
 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 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 802.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593396
 Amount of Each Receipt this Period 100.00

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 802.00

Date of Receipt 07 / 09 / 2014
 Transaction ID : C6593397
 Amount of Each Receipt this Period 100.00

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

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

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

FOR LINE NUMBER: PAGE 90 OF 95
(check only one)

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

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. TOM WILLIAMS
Full Name (Last, First, Middle Initial)
Mailing Address 2800 GATEWAY DR
City POMPANO BEACH State FL Zip Code 33069
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6596740
Amount of Each Receipt this Period 200.00

B. TOM WILLIAMS
Full Name (Last, First, Middle Initial)
Mailing Address 2800 GATEWAY DR
City POMPANO BEACH State FL Zip Code 33069
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6596741
Amount of Each Receipt this Period 200.00

C. TOM WILLIAMS
Full Name (Last, First, Middle Initial)
Mailing Address 2800 GATEWAY DR
City POMPANO BEACH State FL Zip Code 33069
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6596742
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 91 OF 95
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Wilma Zimmerman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22699

City Savannah State GA Zip Code 31403

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

Name of Employer OPEIU Local 4873 Occupation Rep (KY)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : C6588651

Amount of Each Receipt this Period
50.00

B. DAVID S ZOPHIN
Full Name (Last, First, Middle Initial)

Mailing Address 2800 GATEWAY DR

City POMPANO BEACH State FL Zip Code 33069

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6596734

Amount of Each Receipt this Period
200.00

C. DAVID S ZOPHIN
Full Name (Last, First, Middle Initial)

Mailing Address 2800 GATEWAY DR

City POMPANO BEACH State FL Zip Code 33069

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6596735

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **450.00**

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

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

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

FOR LINE NUMBER: PAGE 92 OF 95
(check only one)

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

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DAVID S ZOPHIN
Full Name (Last, First, Middle Initial)
Mailing Address 2800 GATEWAY DR
City POMPANO BEACH State FL Zip Code 33069
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 09 / 2014
Transaction ID : C6596736
Amount of Each Receipt this Period 200.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	31709.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. J-Dogs

Mailing Address 413 Bloomfield Drive, Suite 5

City West Berlin State NJ Zip Code 08091

Purpose of Disbursement
Catering and Amusements

011

Category/
Type

Candidate Name

BONNIE WATSON COLEMAN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2014

Transaction ID : D342897

Amount of Each Disbursement this Period

2883.65

[MEMO ITEM]

In Kind: See Sch B Line 2

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

Amount of Each Disbursement this Period

--

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

0.00

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. J-Dogs

Mailing Address 413 Bloomfield Drive, Suite 5

City West Berlin State NJ Zip Code 08091

Purpose of Disbursement
Catering and Amusements

011

Category/
Type

Candidate Name

BONNIE WATSON COLEMAN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : D342896

Amount of Each Disbursement this Period

2883.65

* In-Kind

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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)..... ▶

2883.65

2883.65

**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Arizona State Democratic Central Executive Committee

Mailing Address 2910 North Central Avenue

City Phoenix State AZ Zip Code 85012

Purpose of Disbursement
2014 Heritage Dinner

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : D341548

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert DeLeo

Mailing Address PO Box 520456

City Winthrop State MA Zip Code 02152

Purpose of Disbursement
State Representative-MA

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : D342898

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

C. NEIL ABERCROMBIE

Mailing Address 1050 Ala Moana Blvd
Suite 2150

City Honolulu State HI Zip Code 96814

Purpose of Disbursement
HI GOVERNOR

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : D342900

Amount of Each Disbursement this Period

6000.00

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

5750.00

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

5750.00