

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

OPEIU JB Moss Voice of the Electorate (VOTE)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		<input type="text" value="433215.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="433215.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="118033.96"/>	<input type="text" value="118033.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="551249.47"/>	<input type="text" value="551249.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46081.90"/>	<input type="text" value="46081.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="505167.57"/>	<input type="text" value="505167.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Write or Type Committee Name

OPEIU JB Moss Voice of the Electorate (VOTE)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42327.09	42327.09
(ii) Unitemized	75259.30	75259.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	117586.39	117586.39
(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)	117586.39	117586.39
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	447.57	447.57
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))..... ▶	118033.96	118033.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	118033.96	118033.96

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	3050.00	3050.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3050.00	3050.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43000.00	43000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	4048.00	4048.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	4048.00	4048.00
29. Other Disbursements	-4016.10	-4016.10
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)) ..	46081.90	46081.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46081.90	46081.90

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)	117586.39	117586.39
34. Total Contribution Refunds (from Line 28(d))	4048.00	4048.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	113538.39	113538.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3050.00	3050.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3050.00	3050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. John R Akers		Date of Receipt
Mailing Address 6901 W 138Th Ter #418		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City Overland Park State KS Zip Code 66223		Transaction ID : C3935352
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. Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. John R Akers		Date of Receipt
Mailing Address 6901 W 138Th Ter #418		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City Overland Park State KS Zip Code 66223		Transaction ID : C3935353
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. Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. John R Akers		Date of Receipt
Mailing Address 6901 W 138Th Ter #418		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City Overland Park State KS Zip Code 66223		Transaction ID : C3935354
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. Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

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

**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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Walter Allen
Full Name (Last, First, Middle Initial)

Mailing Address 7419 Cuvier St

City La Jolla State CA Zip Code 92037

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

Name of Employer OPEIU, LOCAL NO.30 Occupation Executive Director/Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **212.00**

Date of Receipt **01 / 26 / 2011**

Transaction ID : C3676315

Amount of Each Receipt this Period **40.00**

B. Walter Allen
Full Name (Last, First, Middle Initial)

Mailing Address 7419 Cuvier St

City La Jolla State CA Zip Code 92037

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

Name of Employer OPEIU, LOCAL NO.30 Occupation Executive Director/Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **212.00**

Date of Receipt **03 / 07 / 2011**

Transaction ID : C3715307

Amount of Each Receipt this Period **50.00**

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

Mailing Address 7419 Cuvier St

City La Jolla State CA Zip Code 92037

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

Name of Employer OPEIU, LOCAL NO.30 Occupation Executive Director/Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **212.00**

Date of Receipt **03 / 16 / 2011**

Transaction ID : C3737710

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **130.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Walter Allen
Full Name (Last, First, Middle Initial)
Mailing Address 7419 Cuvier St
City La Jolla State CA Zip Code 92037
FEC ID number of contributing federal political committee. **C**
Name of Employer OPEIU, LOCAL NO.30 Occupation Executive Director/Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 212.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2011
Transaction ID : C3906413
Amount of Each Receipt this Period
42.00

B. Walter Allen
Full Name (Last, First, Middle Initial)
Mailing Address 7419 Cuvier St
City La Jolla State CA Zip Code 92037
FEC ID number of contributing federal political committee. **C**
Name of Employer OPEIU, LOCAL NO.30 Occupation Executive Director/Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 212.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2011
Transaction ID : C3906615
Amount of Each Receipt this Period
40.00

C. Richard JR Altig
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 ▼ 1248.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3935615
Amount of Each Receipt this Period
416.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 498.00
TOTAL This Period (last page this line 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard JR Altig		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935616
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

Full Name (Last, First, Middle Initial) B. Richard JR Altig		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935617
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

Full Name (Last, First, Middle Initial) C. Luis Alvarez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935618
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life ins.	Occupation Ins. Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 10 OF 111
(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)
OPEIU JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 224 Stockton Ridge

City Cranberry Township State PA Zip Code 16606

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935359

Amount of Each Receipt this Period
100.00

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

Mailing Address 224 Stockton Ridge

City Cranberry Township State PA Zip Code 16606

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935360

Amount of Each Receipt this Period
100.00

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

Mailing Address 224 Stockton Ridge

City Cranberry Township State PA Zip Code 16606

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935361

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 11 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Ne Topaz Dr
 City Lees Summit State MO Zip Code 64086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Ins. Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935363
 Amount of Each Receipt this Period
 100.00

B. James Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Ne Topaz Dr
 City Lees Summit State MO Zip Code 64086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Ins. Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935364
 Amount of Each Receipt this Period
 100.00

C. James Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Ne Topaz Dr
 City Lees Summit State MO Zip Code 64086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Ins. Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935365
 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 12 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Yaroslav Bitman		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3926866
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Yaroslav Bitman		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3926868
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
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: <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. Yaroslav Bitman		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3926870
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
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: <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 13 OF 111
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 917A Windfield Pl

City Appleton State WI Zip Code 54911

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935369

Amount of Each Receipt this Period
100.00

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

Mailing Address 917A Windfield Pl

City Appleton State WI Zip Code 54911

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935370

Amount of Each Receipt this Period
100.00

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

Mailing Address 917A Windfield Pl

City Appleton State WI Zip Code 54911

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935371

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 14 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1301 Se Princeton PI

City Lees Summit State MO Zip Code 64081

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935376

Amount of Each Receipt this Period
100.00

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

Mailing Address 1301 Se Princeton PI

City Lees Summit State MO Zip Code 64081

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935377

Amount of Each Receipt this Period
100.00

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

Mailing Address 1301 Se Princeton PI

City Lees Summit State MO Zip Code 64081

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935378

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 15 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
04 / 11 / 2011

Transaction ID : C3927268

Amount of Each Receipt this Period
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
04 / 11 / 2011

Transaction ID : C3927270

Amount of Each Receipt this Period
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
04 / 11 / 2011

Transaction ID : C3927272

Amount of Each Receipt this Period
150.00

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

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

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

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

FOR LINE NUMBER: PAGE 16 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5700 Wilshire Blvd Ste 480

City State Zip Code
 Los Angeles CA 90036

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935524

Amount of Each Receipt this Period
 150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City State Zip Code
 Los Angeles CA 90036

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935526

Amount of Each Receipt this Period
 150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City State Zip Code
 Los Angeles CA 90036

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935528

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 17 OF 111
	<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	<input type="checkbox"/> 17

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

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

A. 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 ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935530

Amount of Each Receipt this Period

150.00

B. Demario Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 630 Calvert St #205

City Charlotte	State NC	Zip Code 28208
-------------------	-------------	-------------------

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 ▼ **240.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935309

Amount of Each Receipt this Period

80.00

c. Demario Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 630 Calvert St #205

City Charlotte	State NC	Zip Code 28208
-------------------	-------------	-------------------

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 ▼ **240.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935311

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line 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 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Demario Cooper		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011
Mailing Address 630 Calvert St #205		Transaction ID : C3935313
City Charlotte	State NC	Zip Code 28208
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00	
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Narinder S Dhillon		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011
Mailing Address 6339 Macadam Way		Transaction ID : C3935380
City Dimondale	State MI	Zip Code 48821
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 8.00	
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 ▼ 208.00	

Full Name (Last, First, Middle Initial) C. Narinder S Dhillon		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011
Mailing Address 6339 Macadam Way		Transaction ID : C3935381
City Dimondale	State MI	Zip Code 48821
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional).....▶	188.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Narinder S Dhillon
Full Name (Last, First, Middle Initial)

Mailing Address 6339 Macadam Way

City Dimondale State MI Zip Code 48821

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 ▼ **208.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935382

Amount of Each Receipt this Period
100.00

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

Mailing Address 3337 Grenache St

City Greeley State CO Zip Code 80634

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3926887

Amount of Each Receipt this Period
300.00

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

Mailing Address 3337 Grenache St

City Greeley State CO Zip Code 80634

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3926889

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3337 Grenache St

City State Zip Code
Greeley CO 80634

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

Name of Employer Occupation
American Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3926891

Amount of Each Receipt this Period
300.00

B. Jason Dickson
Full Name (Last, First, Middle Initial)

Mailing Address 3337 Grenache St

City State Zip Code
Evans CO 80634

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

Name of Employer Occupation
American Income Life Ins. Insurance agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3935588

Amount of Each Receipt this Period
300.00

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

Mailing Address PO Box 208

City State Zip Code
Waco TX 76703

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

Name of Employer Occupation
National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3935625

Amount of Each Receipt this Period
1600.00

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Laura Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Black Bear Dr #1228
 City Waltham State MA Zip Code 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 11 / 2011
Transaction ID : C3935399
 Amount of Each Receipt this Period 100.00

B. Laura Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Black Bear Dr #1228
 City Waltham State MA Zip Code 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 11 / 2011
Transaction ID : C3935401
 Amount of Each Receipt this Period 100.00

C. Laura Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Black Bear Dr #1228
 City Waltham State MA Zip Code 02451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 11 / 2011
Transaction ID : C3935403
 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 22 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Benjamin A Foti
 Full Name (Last, First, Middle Initial)
 Mailing Address 4533 Waterford Way
 City State Zip Code
 Oakley CA 94561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Ins. Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935550
 Amount of Each Receipt this Period
 200.00

B. Benjamin A Foti
 Full Name (Last, First, Middle Initial)
 Mailing Address 4533 Waterford Way
 City State Zip Code
 Oakley CA 94561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Ins. Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935552
 Amount of Each Receipt this Period
 200.00

C. Benjamin A Foti
 Full Name (Last, First, Middle Initial)
 Mailing Address 4533 Waterford Way
 City State Zip Code
 Oakley CA 94561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Ins. Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935554
 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 23 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 4071 Port Chicago Hwy St 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2011

Transaction ID : C3927344

Amount of Each Receipt this Period

200.00

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

Mailing Address 4071 Port Chicago Hwy St 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2011

Transaction ID : C3927346

Amount of Each Receipt this Period

200.00

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

Mailing Address 4071 Port Chicago Hwy St 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2011

Transaction ID : C3927348

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 24 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2011

Transaction ID : C3935534

Amount of Each Receipt this Period

150.00

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

Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2011

Transaction ID : C3935536

Amount of Each Receipt this Period

150.00

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

Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2011

Transaction ID : C3935538

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 25 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 38 Windsor Ln

City Little Silver State NJ Zip Code 07739

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935606

Amount of Each Receipt this Period
400.00

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

Mailing Address 38 Windsor Ln

City Little Silver State NJ Zip Code 07739

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935607

Amount of Each Receipt this Period
400.00

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

Mailing Address 38 Windsor Ln

City Little Silver State NJ Zip Code 07739

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935608

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 26 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sara Gilley
Full Name (Last, First, Middle Initial)

Mailing Address 38 Windsor Ln

City Little Silver State NJ Zip Code 07739

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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011

Transaction ID : C3935609

Amount of Each Receipt this Period
 400.00

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

Mailing Address 54 E Pierrepont Ave

City Rutherford State NJ Zip Code 07070-2331

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

Name of Employer OPEIU Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2011

Transaction ID : C3701940

Amount of Each Receipt this Period
 100.00

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

Mailing Address 54 E Pierrepont Ave

City Rutherford State NJ Zip Code 07070-2331

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

Name of Employer OPEIU Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2011

Transaction ID : C3827917

Amount of Each Receipt this Period
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 111
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 54 E Pierrepont Ave

City Rutherford State NJ Zip Code 07070-2331

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

Name of Employer OPEIU Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2011

Transaction ID : C3906236

Amount of Each Receipt this Period
 100.00

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

Mailing Address 54 E Pierrepont Ave

City Rutherford State NJ Zip Code 07070-2331

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

Name of Employer OPEIU Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2011

Transaction ID : C3936837

Amount of Each Receipt this Period
 150.00

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

Mailing Address 4337 Sweet Clover Ln

City Crowley State TX Zip Code 76036

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011

Transaction ID : C3935407

Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mark R Gorman
Full Name (Last, First, Middle Initial)
Mailing Address 4337 Sweet Clover Ln
City Crowley State TX Zip Code 76036
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3935408
Amount of Each Receipt this Period
100.00

B. Mark R Gorman
Full Name (Last, First, Middle Initial)
Mailing Address 4337 Sweet Clover Ln
City Crowley State TX Zip Code 76036
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3935409
Amount of Each Receipt this Period
100.00

C. Arthur J J Greene
Full Name (Last, First, Middle Initial)
Mailing Address 1837 Squirrel Valley Dr
City Bloomfield Hills State MI Zip Code 48304
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3935411
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 29 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Arthur J J Greene
Full Name (Last, First, Middle Initial)

Mailing Address 1837 Squirrel Valley Dr

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935412

Amount of Each Receipt this Period
100.00

B. Arthur J J Greene
Full Name (Last, First, Middle Initial)

Mailing Address 1837 Squirrel Valley Dr

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935413

Amount of Each Receipt this Period
100.00

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

Mailing Address 43 Nocturne Woods Pl

City The Woodlands State TX Zip Code 77382

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3927149

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 30 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Steven K Greer		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3927150
Mailing Address 43 Nocturne Woods PI		Amount of Each Receipt this Period 300.00
City The Woodlands	State TX	
Zip Code 77382		Aggregate Year-to-Date ▼ 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN INCOME LIFE INSURANCE	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Steven K Greer		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3927151
Mailing Address 43 Nocturne Woods PI		Amount of Each Receipt this Period 300.00
City The Woodlands	State TX	
Zip Code 77382		Aggregate Year-to-Date ▼ 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN INCOME LIFE INSURANCE	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Theodore Greer		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3935590
Mailing Address 43 Nocturne Woods PI		Amount of Each Receipt this Period 300.00
City The Woodlands	State TX	
Zip Code 77382		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Insurance	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: PAGE 31 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Frederick Hadayia Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Iron Valley Dr
 City Lebanon State PA Zip Code 17042
 Date of Receipt: 04 / 11 / 2011
 Transaction ID : C3926914
 Amount of Each Receipt this Period: 300.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: American Income Life Occupation: Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 904.00

B. Frederick Hadayia Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Iron Valley Dr
 City Lebanon State PA Zip Code 17042
 Date of Receipt: 04 / 11 / 2011
 Transaction ID : C3926915
 Amount of Each Receipt this Period: 300.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: American Income Life Occupation: Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 904.00

C. Frederick Hadayia Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Iron Valley Dr
 City Lebanon State PA Zip Code 17042
 Date of Receipt: 04 / 11 / 2011
 Transaction ID : C3935591
 Amount of Each Receipt this Period: 4.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: American Income Life Occupation: Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 904.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 604.00
TOTAL This Period (last page this line 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 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Frederick Hadayia Jr		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3935592
Mailing Address 101 Iron Valley Dr		Amount of Each Receipt this Period 300.00
City Lebanon	State PA	Zip Code 17042
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 904.00	

Full Name (Last, First, Middle Initial) B. Alvin Hagens		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3935593
Mailing Address 101 Iron Valley Dr		Amount of Each Receipt this Period 300.00
City Lebanon	State PA	Zip Code 17042
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <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. Mark Hancock		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3926815
Mailing Address 12546 Walnut Ridge Pl		Amount of Each Receipt this Period 300.00
City Fishers	State IN	Zip Code 46038
FEC ID number of contributing federal political committee. C	Name of Employer AMERICAN INCOME LIFE INS. CO.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3926816
Amount of Each Receipt this Period
300.00

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3926817
Amount of Each Receipt this Period
300.00

C. William Hand
Full Name (Last, First, Middle Initial)
Mailing Address 12546 Walnut Ridge Pl
City Fishers State IN Zip Code 46038
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3935594
Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Steve Y Hartman
Full Name (Last, First, Middle Initial)
Mailing Address 8228 S Homestead Lane

City Tempe	State AZ	Zip Code 85284
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935595

Amount of Each Receipt this Period

300.00

B. Steve Y Hartman
Full Name (Last, First, Middle Initial)
Mailing Address 8228 S Homestead Lane

City Tempe	State AZ	Zip Code 85284
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935596

Amount of Each Receipt this Period

300.00

C. Steve Y Hartman
Full Name (Last, First, Middle Initial)
Mailing Address 8228 S Homestead Lane

City Tempe	State AZ	Zip Code 85284
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935597

Amount of Each Receipt this Period

300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 111
	<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	<input type="checkbox"/> 17

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

A. Daniel Hartwig
Full Name (Last, First, Middle Initial)

Mailing Address 8228 S Homestead Lane

City Tempe State AZ Zip Code 85284

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935598

Amount of Each Receipt this Period
 300.00

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

Mailing Address 4405 Cox Rd Ste 110

City Glen Allen State VA Zip Code 23060

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3927261

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4405 Cox Rd Ste 110

City Glen Allen State VA Zip Code 23060

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3927262

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rob Hay
Full Name (Last, First, Middle Initial)
Mailing Address 4405 Cox Rd Ste 110

City Glen Allen	State VA	Zip Code 23060
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2011

Transaction ID : C3927263

Amount of Each Receipt this Period
250.00

B. Willie Hayden
Full Name (Last, First, Middle Initial)
Mailing Address 4405 Cox Rd Ste 110

City Glen Allen	State VA	Zip Code 23060
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935583

Amount of Each Receipt this Period
250.00

C. Billie Faye Headrick
Full Name (Last, First, Middle Initial)
Mailing Address 3935 Hamill Rd

City Hixson	State TN	Zip Code 37343-3516
----------------	-------------	------------------------

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

Name of Employer OPEIU	Occupation Representative
---------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2011

Transaction ID : C3675745

Amount of Each Receipt this Period
40.00

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 37 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City Hixson State TN Zip Code 37343-3516

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

Name of Employer OPEIU Occupation Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
02 / 18 / 2011

Transaction ID : C3697235

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City Hixson State TN Zip Code 37343-3516

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

Name of Employer OPEIU Occupation Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
03 / 09 / 2011

Transaction ID : C3701942

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City Hixson State TN Zip Code 37343-3516

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

Name of Employer OPEIU Occupation Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
04 / 07 / 2011

Transaction ID : C3827919

Amount of Each Receipt this Period
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Billie Faye Headrick
Full Name (Last, First, Middle Initial)

Mailing Address 3935 Hamill Rd

City Hixson State TN Zip Code 37343-3516

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

Name of Employer OPEIU Occupation Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2011

Transaction ID : C3906238

Amount of Each Receipt this Period
40.00

B. Billie Faye Headrick
Full Name (Last, First, Middle Initial)

Mailing Address 3935 Hamill Rd

City Hixson State TN Zip Code 37343-3516

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

Name of Employer OPEIU Occupation Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2011

Transaction ID : C3936839

Amount of Each Receipt this Period
60.00

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

Mailing Address 1235 Snug Harbor Dr

City Casselberry State FL Zip Code 32707

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935584

Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 39 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935585
 Amount of Each Receipt this Period
250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935586
 Amount of Each Receipt this Period
250.00

C. Shannon 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 ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935587
 Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Christopher Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Douglas Ave #17
 City Dallas State TX Zip Code 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3927258
 Amount of Each Receipt this Period
 100.00

B. Christopher Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Douglas Ave #17
 City Dallas State TX Zip Code 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3927259
 Amount of Each Receipt this Period
 100.00

C. Christopher Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Douglas Ave #17
 City Dallas State TX Zip Code 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3927260
 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 41 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Matthew P Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701B Ellington Rd
 City Conyers State GA Zip Code 30013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935419
 Amount of Each Receipt this Period
 100.00

B. Matthew P Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701B Ellington Rd
 City Conyers State GA Zip Code 30013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935420
 Amount of Each Receipt this Period
 100.00

C. Matthew P Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701B Ellington Rd
 City Conyers State GA Zip Code 30013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935421
 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 42 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John W Jatoft		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3926830
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. John W Jatoft		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3926832
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. John W Jatoft		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3926834
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 43 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Horace W Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3927051
Mailing Address 12435 Black Water Ct		Amount of Each Receipt this Period 108.00
City Jacksonville	State FL	Zip Code 32223
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <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. Horace W Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3927052
Mailing Address 12435 Black Water Ct		Amount of Each Receipt this Period 100.00
City Jacksonville	State FL	Zip Code 32223
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <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. Horace W Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3927053
Mailing Address 12435 Black Water Ct		Amount of Each Receipt this Period 100.00
City Jacksonville	State FL	Zip Code 32223
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <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).....▶	308.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7D School Court

City Bristol State RI Zip Code 02809

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

Name of Employer American Income Life Ins. Occupation Ins. 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
04 / 11 / 2011

Transaction ID : C3935562

Amount of Each Receipt this Period
200.00

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

Mailing Address 7D School Court

City Bristol State RI Zip Code 02809

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

Name of Employer American Income Life Ins. Occupation Ins. 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
04 / 11 / 2011

Transaction ID : C3935564

Amount of Each Receipt this Period
200.00

C. 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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2011

Transaction ID : C3666848

Amount of Each Receipt this Period
50.00

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 45 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1137 Wlper St
Apt 26

City State Zip Code
Hayward CA 94541-6768

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

Name of Employer Occupation
LOCAL 29 Business Rep

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
02 / 24 / 2011
Transaction ID : C3697062

Amount of Each Receipt this Period
40.00

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

Mailing Address 1137 Wlper St
Apt 26

City State Zip Code
Hayward CA 94541-6768

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

Name of Employer Occupation
LOCAL 29 Business Rep

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
03 / 14 / 2011
Transaction ID : C3701738

Amount of Each Receipt this Period
40.00

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

Mailing Address 1137 Wlper St
Apt 26

City State Zip Code
Hayward CA 94541-6768

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

Name of Employer Occupation
LOCAL 29 Business Rep

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
04 / 11 / 2011
Transaction ID : C3828479

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 111
	<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	<input type="checkbox"/> 17

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

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

A. 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 ▼ 270.00

Date of Receipt
05 / 23 / 2011
Transaction ID : C3901737

Amount of Each Receipt this Period
40.00

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 ▼ 270.00

Date of Receipt
06 / 29 / 2011
Transaction ID : C3936825

Amount of Each Receipt this Period
50.00

c. Steven E King
Full Name (Last, First, Middle Initial)

Mailing Address 24324 Lynwood Dr

City Novi State MI Zip Code 48374

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 11 / 2011
Transaction ID : C3927108

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line 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 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Steven E King
 Full Name (Last, First, Middle Initial)
 Mailing Address 24324 Lynwood Dr
 City State Zip Code
 Novi MI 48374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3927109
 Amount of Each Receipt this Period
 100.00

B. Steven E King
 Full Name (Last, First, Middle Initial)
 Mailing Address 24324 Lynwood Dr
 City State Zip Code
 Novi MI 48374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3927110
 Amount of Each Receipt this Period
 100.00

C. Kevin Kistler
 Full Name (Last, First, Middle Initial)
 Mailing Address 6225 Starwood Way
 City State Zip Code
 Rockville MD 20852-3530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OPEIU Dir. Organ. & Field Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2011
Transaction ID : C3675757
 Amount of Each Receipt this Period
 76.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 276.92
TOTAL This Period (last page this line 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kevin Kistler		Date of Receipt MM / DD / YYYY 02 / 18 / 2011 Transaction ID : C3697223
Mailing Address 6225 Starwood Way		Amount of Each Receipt this Period 76.92
City Rockville	State MD	Zip Code 20852-3530
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	
Occupation Dir. Organ. & Field Service		Aggregate Year-to-Date ▼ 499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kevin Kistler		Date of Receipt MM / DD / YYYY 03 / 09 / 2011 Transaction ID : C3701955
Mailing Address 6225 Starwood Way		Amount of Each Receipt this Period 76.92
City Rockville	State MD	Zip Code 20852-3530
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	
Occupation Dir. Organ. & Field Service		Aggregate Year-to-Date ▼ 499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin Kistler		Date of Receipt MM / DD / YYYY 04 / 07 / 2011 Transaction ID : C3827931
Mailing Address 6225 Starwood Way		Amount of Each Receipt this Period 76.92
City Rockville	State MD	Zip Code 20852-3530
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	
Occupation Dir. Organ. & Field Service		Aggregate Year-to-Date ▼ 499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	230.76
TOTAL This Period (last page this line 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6225 Starwood Way

City Rockville State MD Zip Code 20852-3530

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

Name of Employer OPEIU Occupation Dir. Organ. & Field Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2011

Transaction ID : C3906254

Amount of Each Receipt this Period
76.92

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

Mailing Address 6225 Starwood Way

City Rockville State MD Zip Code 20852-3530

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

Name of Employer OPEIU Occupation Dir. Organ. & Field Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2011

Transaction ID : C3937069

Amount of Each Receipt this Period
115.38

C. Samuel G Lasala
Full Name (Last, First, Middle Initial)

Mailing Address 221 Timberline Dr

City Madison State MS Zip Code 39110

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935433

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	292.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Samuel G Lasala

Mailing Address 221 Timberline Dr

City State Zip Code
 Madison MS 39110

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 04 / 11 / 2011
Transaction ID : C3935434

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Samuel G Lasala

Mailing Address 221 Timberline Dr

City State Zip Code
 Madison MS 39110

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 04 / 11 / 2011
Transaction ID : C3935435

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2532 Baneberry Ln #713

City State Zip Code
 Indianapolis IN 46268

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 04 / 11 / 2011
Transaction ID : C3935437

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 51 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2532 Baneberry Ln #713

City Indianapolis State IN Zip Code 46268

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935438

Amount of Each Receipt this Period
100.00

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

Mailing Address 2532 Baneberry Ln #713

City Indianapolis State IN Zip Code 46268

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935439

Amount of Each Receipt this Period
100.00

c. Robert C Liles
Full Name (Last, First, Middle Initial)

Mailing Address 6762 S. 73Rd Cir

City Ralston State NE Zip Code 68127

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935441

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 52 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robert C Liles
 Full Name (Last, First, Middle Initial)
 Mailing Address 6762 S. 73Rd Cir
 City Ralston State NE Zip Code 68127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Ins. Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935442
 Amount of Each Receipt this Period
 100.00

B. Robert C Liles
 Full Name (Last, First, Middle Initial)
 Mailing Address 6762 S. 73Rd Cir
 City Ralston State NE Zip Code 68127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Ins. Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935443
 Amount of Each Receipt this Period
 100.00

C. Joseph Manone
 Full Name (Last, First, Middle Initial)
 Mailing Address N89 W15883 Main St
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935599
 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 53 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph Manone		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935600
Mailing Address N89 W15883 Main St		Amount of Each Receipt this Period 300.00
City Menomonee Falls	State WI	Zip Code 53051
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Joseph Manone		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935601
Mailing Address N89 W15883 Main St		Amount of Each Receipt this Period 300.00
City Menomonee Falls	State WI	Zip Code 53051
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Sharon Manone		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3927264
Mailing Address N89 W15883 Main St		Amount of Each Receipt this Period 300.00
City Menomonee Falls	State WI	Zip Code 53051
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Insurance	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address N89 W15883 Main St

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **04 / 11 / 2011**

Transaction ID : C3927265

Amount of Each Receipt this Period **5.00**

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

Mailing Address N89 W15883 Main St

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **04 / 11 / 2011**

Transaction ID : C3927266

Amount of Each Receipt this Period **5.00**

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

Mailing Address N89 W15883 Main St

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **04 / 11 / 2011**

Transaction ID : C3927267

Amount of Each Receipt this Period **5.00**

SUBTOTAL of Receipts This Page (optional)..... **15.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Rosen Marc E		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935621
Mailing Address 96 Rivington Ave		Amount of Each Receipt this Period 1200.00
City Staten Island	State NY	Zip Code 10314
FEC ID number of contributing federal political committee. C		
Name of Employer National Income Life	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Timothy P Matteson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935445
Mailing Address 13319 S 21St St		Amount of Each Receipt this Period 100.00
City Bixby	State OK	Zip Code 74008
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Timothy P Matteson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935447
Mailing Address 13319 S 21St St		Amount of Each Receipt this Period 100.00
City Bixby	State OK	Zip Code 74008
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line 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 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Timothy P Matteson		Date of Receipt
Mailing Address 13319 S 21St St		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Bixby	OK	74008
FEC ID number of contributing federal political committee.		Transaction ID : C3935449
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tim R McAdams		Date of Receipt
Mailing Address 3645 Marketplace Blvd #130-298		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
East Point	GA	30344
FEC ID number of contributing federal political committee.		Transaction ID : C3927350
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tim R McAdams		Date of Receipt
Mailing Address 3645 Marketplace Blvd #130-298		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
East Point	GA	30344
FEC ID number of contributing federal political committee.		Transaction ID : C3927351
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" 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 57 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3645 Marketplace Blvd #130-298

City	State	Zip Code
East Point	GA	30344

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

Name of Employer	Occupation
American Income Life	Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2011

Transaction ID : C3927352

Amount of Each Receipt this Period

100.00

B. Mathew R Mealey
Full Name (Last, First, Middle Initial)

Mailing Address 425 Beachfront Dr

City	State	Zip Code
Evansville	IN	47715

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935454

Amount of Each Receipt this Period

100.00

C. Mathew R Mealey
Full Name (Last, First, Middle Initial)

Mailing Address 425 Beachfront Dr

City	State	Zip Code
Evansville	IN	47715

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935455

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 58 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Mathew R Mealey
Full Name (Last, First, Middle Initial)

Mailing Address 425 Beachfront Dr

City Evansville State IN Zip Code 47715

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935456

Amount of Each Receipt this Period
100.00

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

Mailing Address 751 Jacobs Mill Pond Rd #814

City Elgin State SC Zip Code 29045

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3927249

Amount of Each Receipt this Period
100.00

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

Mailing Address 751 Jacobs Mill Pond Rd #814

City Elgin State SC Zip Code 29045

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3927250

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 59 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 751 Jacobs Mill Pond Rd #814

City Elgin	State SC	Zip Code 29045
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2011

Transaction ID : C3927251

Amount of Each Receipt this Period
100.00

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

Mailing Address 1355 Woodside Dr

City Arnold	State MO	Zip Code 63010
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935602

Amount of Each Receipt this Period
300.00

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

Mailing Address 1355 Woodside Dr

City Arnold	State MO	Zip Code 63010
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935603

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Eric J Neal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935604
Mailing Address 1355 Woodside Dr		Amount of Each Receipt this Period 300.00
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		Aggregate Year-to-Date ▼ 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roger Neal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935605
Mailing Address 1355 Woodside Dr		Amount of Each Receipt this Period 300.00
City Arnold	State MO	Zip Code 63010
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	
Occupation Ins. Agent		Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Olson Jr		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935610
Mailing Address 26561 W Hghland Dr		Amount of Each Receipt this Period 400.00
City Channahon	State IL	Zip Code 60410
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	
Occupation Insurance Agent		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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	Occupation Insurance Agent
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2011

Transaction ID : C3935611

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	Occupation Insurance Agent
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2011

Transaction ID : C3935612

Amount of Each Receipt this Period

400.00

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

Mailing Address 26561 W Highland Dr

City Channahon	State IL	Zip Code 60410
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2011

Transaction ID : C3935613

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 62 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Sheila Peacock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 Buckingham Dr
 City Pasadena State TX Zip Code 77504-5011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OPEIU Occupation Intl Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2011
Transaction ID : C3675747
 Amount of Each Receipt this Period
 38.46

B. Sheila Peacock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 Buckingham Dr
 City Pasadena State TX Zip Code 77504-5011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OPEIU Occupation Intl Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2011
Transaction ID : C3697238
 Amount of Each Receipt this Period
 38.46

C. Sheila Peacock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 Buckingham Dr
 City Pasadena State TX Zip Code 77504-5011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OPEIU Occupation Intl Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2011
Transaction ID : C3701944
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sheila Peacock
Full Name (Last, First, Middle Initial)
Mailing Address 1810 Buckingham Dr
City Pasadena State TX Zip Code 77504-5011
FEC ID number of contributing federal political committee. **C**
Name of Employer OPEIU Occupation Intl Rep
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2011
Transaction ID : C3827920
Amount of Each Receipt this Period
38.46

B. Sheila Peacock
Full Name (Last, First, Middle Initial)
Mailing Address 1810 Buckingham Dr
City Pasadena State TX Zip Code 77504-5011
FEC ID number of contributing federal political committee. **C**
Name of Employer OPEIU Occupation Intl Rep
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2011
Transaction ID : C3906239
Amount of Each Receipt this Period
38.46

C. Sheila Peacock
Full Name (Last, First, Middle Initial)
Mailing Address 1810 Buckingham Dr
City Pasadena State TX Zip Code 77504-5011
FEC ID number of contributing federal political committee. **C**
Name of Employer OPEIU Occupation Intl Rep
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2011
Transaction ID : C3936840
Amount of Each Receipt this Period
57.69

SUBTOTAL of Receipts This Page (optional).....▶	134.61
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Francisco M Perez

Mailing Address 180 Waterman Ave
Apt 423

City North Providence State RI Zip Code 02911-4108

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 11 / 2011
Transaction ID : C3935473

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Francisco M Perez

Mailing Address 180 Waterman Ave
Apt 423

City North Providence State RI Zip Code 02911-4108

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 11 / 2011
Transaction ID : C3935475

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Francisco M Perez

Mailing Address 180 Waterman Ave
Apt 423

City North Providence State RI Zip Code 02911-4108

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 11 / 2011
Transaction ID : C3935477

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 65 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Philip Prata		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935485
Mailing Address 43 Van Buren St		Amount of Each Receipt this Period 100.00
City Newark	State NJ	Zip Code 07105
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Philip Prata		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935486
Mailing Address 43 Van Buren St		Amount of Each Receipt this Period 100.00
City Newark	State NJ	Zip Code 07105
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Philip Prata		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935487
Mailing Address 43 Van Buren St		Amount of Each Receipt this Period 100.00
City Newark	State NJ	Zip Code 07105
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Patricia Priloh		Date of Receipt
Mailing Address 303 Diamond Ave		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Brownsville	PA	15417-8645
FEC ID number of contributing federal political committee.		Transaction ID : C3697243
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
OPEIU	Vice President/Int'l Rep.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Scott J Rehberg		Date of Receipt
Mailing Address 1153 Thistle Ln		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lebanon	OH	45036
FEC ID number of contributing federal political committee.		Transaction ID : C3935319
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Scott J Rehberg		Date of Receipt
Mailing Address 1153 Thistle Ln		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lebanon	OH	45036
FEC ID number of contributing federal political committee.		Transaction ID : C3935321
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="410.00"/>
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 67 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935323

Amount of Each Receipt this Period
80.00

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

Mailing Address PO Box 149

City Carmichael State CA Zip Code 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 18 / 2011

Transaction ID : C3666847

Amount of Each Receipt this Period
50.00

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

Mailing Address PO Box 149

City Carmichael State CA Zip Code 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2011

Transaction ID : C3697061

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tamara Rubyn		Date of Receipt
Mailing Address PO Box 149		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
Carmichael	CA	95609-0149
FEC ID number of contributing federal political committee.		Transaction ID : C3701734
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
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="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tamara Rubyn		Date of Receipt
Mailing Address PO Box 149		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Carmichael	CA	95609-0149
FEC ID number of contributing federal political committee.		Transaction ID : C3828473
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
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="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tamara Rubyn		Date of Receipt
Mailing Address PO Box 149		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Carmichael	CA	95609-0149
FEC ID number of contributing federal political committee.		Transaction ID : C3901733
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
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="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tamara Rubyn		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2011 Transaction ID : C3936824
Mailing Address PO Box 149		Amount of Each Receipt this Period 50.00
City Carmichael	State CA	Zip Code 95609-0149
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation President/Business Manager	
Receipt For: <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. Paul D Rumbuc		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3927013
Mailing Address 3570 Magnoloia Ct		Amount of Each Receipt this Period 400.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Paul D Rumbuc		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3927014
Mailing Address 3570 Magnoloia Ct		Amount of Each Receipt this Period 400.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011

Transaction ID : C3927015

Amount of Each Receipt this Period
 400.00

B. Paul Rundlett
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 Ins. Occupation Ins. 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
 04 / 11 / 2011

Transaction ID : C3935614

Amount of Each Receipt this Period
 400.00

c. Lloyd Sabrina N
Full Name (Last, First, Middle Initial)

Mailing Address 14 Harbor Hill Rd

City Glen Cove State NY Zip Code 11542

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

Name of Employer National Income Life Occupation Ins. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2011

Transaction ID : C3935623

Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patricia Sanchez		Date of Receipt MM / DD / YYYY 01 / 18 / 2011 Transaction ID : C3666854
Mailing Address PO Box 14841		Amount of Each Receipt this Period 50.00
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: <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. Patricia Sanchez		Date of Receipt MM / DD / YYYY 02 / 24 / 2011 Transaction ID : C3697068
Mailing Address PO Box 14841		Amount of Each Receipt this Period 40.00
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: <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) C. Patricia Sanchez		Date of Receipt MM / DD / YYYY 03 / 14 / 2011 Transaction ID : C3701736
Mailing Address PO Box 14841		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patricia Sanchez		Date of Receipt
Mailing Address PO Box 14841		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City State Zip Code Oakland CA 94614-0841		Transaction ID : C3828477
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 LOCAL 29	Occupation Secretary-Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	

Full Name (Last, First, Middle Initial) B. Patricia Sanchez		Date of Receipt
Mailing Address PO Box 14841		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City State Zip Code Oakland CA 94614-0841		Transaction ID : C3901735
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer LOCAL 29	Occupation Secretary-Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	

Full Name (Last, First, Middle Initial) C. Patricia Sanchez		Date of Receipt
Mailing Address PO Box 14841		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code Oakland CA 94614-0841		Transaction ID : C3936831
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 LOCAL 29	Occupation Secretary-Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
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 73 OF 111
	<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	<input type="checkbox"/> 17

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

A. Aaron Sanders
Full Name (Last, First, Middle Initial)
Mailing Address 464 Grand woods Dr
City Lansing State MI Zip Code 48917
FEC ID number of contributing federal political committee. **C**
Name of Employer Local 512 Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2011
Transaction ID : C3697247
Amount of Each Receipt this Period
250.00

B. Robert E Shafer
Full Name (Last, First, Middle Initial)
Mailing Address 102 Rose Garden Ln
City Goodlettsville State TN Zip Code 37072
FEC ID number of contributing federal political committee. **C**
Name of Employer National Income Life Occupation Ins. Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3935489
Amount of Each Receipt this Period
100.00

C. Robert E Shafer
Full Name (Last, First, Middle Initial)
Mailing Address 102 Rose Garden Ln
City Goodlettsville State TN Zip Code 37072
FEC ID number of contributing federal political committee. **C**
Name of Employer National Income Life Occupation Ins. Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3935490
Amount of Each Receipt this Period
100.00

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 74 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 102 Rose Garden Ln

City Goodlettsville State TN Zip Code 37072

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

Name of Employer National Income Life Occupation Ins. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935491

Amount of Each Receipt this Period
100.00

B. Donna Shaffer
Full Name (Last, First, Middle Initial)

Mailing Address 17609 N 8th Ave

City Phoenix State AZ Zip Code 85023-2604

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

Name of Employer OPEIU Occupation REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2011

Transaction ID : C3675748

Amount of Each Receipt this Period
38.48

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

Mailing Address 17609 N 8th Ave

City Phoenix State AZ Zip Code 85023-2604

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

Name of Employer OPEIU Occupation REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2011

Transaction ID : C3697239

Amount of Each Receipt this Period
38.48

SUBTOTAL of Receipts This Page (optional).....▶	176.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donna Shaffer		Date of Receipt
Mailing Address 17609 N 8th Ave		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Phoenix	State AZ	Zip Code 85023-2604
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3701946
Name of Employer OPEIU		Amount of Each Receipt this Period
Occupation REPRESENTATIVE		<input type="text" value="38.48"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.12"/>	

Full Name (Last, First, Middle Initial) B. Donna Shaffer		Date of Receipt
Mailing Address 17609 N 8th Ave		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City Phoenix	State AZ	Zip Code 85023-2604
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3827921
Name of Employer OPEIU		Amount of Each Receipt this Period
Occupation REPRESENTATIVE		<input type="text" value="38.48"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.12"/>	

Full Name (Last, First, Middle Initial) C. Donna Shaffer		Date of Receipt
Mailing Address 17609 N 8th Ave		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Phoenix	State AZ	Zip Code 85023-2604
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C3906241
Name of Employer OPEIU		Amount of Each Receipt this Period
Occupation REPRESENTATIVE		<input type="text" value="38.48"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.12"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.44"/>
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 76 OF 111
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donna Shaffer		Date of Receipt MM / DD / YYYY 06 / 20 / 2011 Transaction ID : C3936841
Mailing Address 17609 N 8th Ave		Amount of Each Receipt this Period 57.72
City Phoenix	State AZ	Zip Code 85023-2604
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU	Occupation REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

Full Name (Last, First, Middle Initial) B. Beth E Snow		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3935327
Mailing Address 4313 Whitehoof Way		Amount of Each Receipt this Period 2.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.00	

Full Name (Last, First, Middle Initial) C. Beth E Snow		Date of Receipt MM / DD / YYYY 04 / 11 / 2011 Transaction ID : C3935329
Mailing Address 4313 Whitehoof Way		Amount of Each Receipt this Period 80.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.00	

SUBTOTAL of Receipts This Page (optional).....▶	139.72
TOTAL This Period (last page this line 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 77 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 **242.00**

Date of Receipt
04 / 11 / 2011
Transaction ID : C3935331
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 **242.00**

Date of Receipt
04 / 11 / 2011
Transaction ID : C3935333
Amount of Each Receipt this Period
80.00

C. Curt D Snow
Full Name (Last, First, Middle Initial)
Mailing Address 827 Buckingham Place
City Danville State CA Zip Code 94506
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt
04 / 11 / 2011
Transaction ID : C3935337
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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Curt D Snow
Full Name (Last, First, Middle Initial)
Mailing Address 827 Buckingham Place

City Danville	State CA	Zip Code 94506
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935339

Amount of Each Receipt this Period

80.00

B. Curt D Snow
Full Name (Last, First, Middle Initial)
Mailing Address 827 Buckingham Place

City Danville	State CA	Zip Code 94506
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935341

Amount of Each Receipt this Period

80.00

C. Scott E Sonnenberg
Full Name (Last, First, Middle Initial)
Mailing Address 236 Leaf Ln

City Alabaster	State AL	Zip Code 35007
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935494

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:	PAGE 79 OF 111
(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"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Scott 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935495

Amount of Each Receipt this Period
100.00

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935496

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
c. Ryan J Stenglein

Mailing Address 12631 E Imperial Hwy Ste F132

City Santa Fe Springs State CA Zip Code 90670

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

Name of Employer American Income life Ins. Occupation Ins. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935498

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 80 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ryan J Stenglein
Full Name (Last, First, Middle Initial)

Mailing Address 12631 E Imperial Hwy Ste F132

City Santa Fe Springs	State CA	Zip Code 90670
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935500

Amount of Each Receipt this Period

100.00

B. Ryan J Stenglein
Full Name (Last, First, Middle Initial)

Mailing Address 12631 E Imperial Hwy Ste F132

City Santa Fe Springs	State CA	Zip Code 90670
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2011

Transaction ID : C3935502

Amount of Each Receipt this Period

100.00

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

Mailing Address 1466 Santa Teresa Dr

City Pittsburg	State CA	Zip Code 94565
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2011

Transaction ID : C3927215

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 81 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Christopher Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 1466 Santa Teresa Dr

City State Zip Code
Pittsburg CA 94565

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

Name of Employer Occupation
American Income Life Insurance Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3927217

Amount of Each Receipt this Period
80.00

B. Christopher Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 1466 Santa Teresa Dr

City State Zip Code
Pittsburg CA 94565

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

Name of Employer Occupation
American Income Life Insurance Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3927219

Amount of Each Receipt this Period
80.00

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

Mailing Address 12301 Ridge Rd

City State Zip Code
Cleveland OH 44133

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 ▼
424.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3927395

Amount of Each Receipt this Period
416.00

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. 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 ▼ 424.00

Date of Receipt 04 / 11 / 2011
Transaction ID : **C3927397**
Amount of Each Receipt this Period 416.00

B. James M Surace
Full Name (Last, First, Middle Initial)
Mailing Address 12301 Ridge Rd
City Cleveland State OH Zip Code 44133
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 424.00

Date of Receipt 04 / 11 / 2011
Transaction ID : **C3927399**
Amount of Each Receipt this Period 416.00

c. John Surprenant
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 Ins. Occupation Ins. Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.00

Date of Receipt 04 / 11 / 2011
Transaction ID : **C3935619**
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 83 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Randy E Teyssier			Date of Receipt
Mailing Address 2716 Nw 171St St			<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : C3935567
Edmond	OK	73012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Ins. Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Randy E Teyssier			Date of Receipt
Mailing Address 2716 Nw 171St St			<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : C3935569
Edmond	OK	73012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Ins. Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Randy E Teyssier			Date of Receipt
Mailing Address 2716 Nw 171St St			<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : C3935571
Edmond	OK	73012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Ins. Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
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 84 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeffery Thiel
Full Name (Last, First, Middle Initial)

Mailing Address 1125 Charter Oak Pkwy

City Creve Coeur State MO Zip Code 63146

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

Name of Employer American Income Llife Ins. Occupation Ins. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935508

Amount of Each Receipt this Period
100.00

B. Jeffery Thiel
Full Name (Last, First, Middle Initial)

Mailing Address 1125 Charter Oak Pkwy

City Creve Coeur State MO Zip Code 63146

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

Name of Employer American Income Llife Ins. Occupation Ins. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935509

Amount of Each Receipt this Period
100.00

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

Mailing Address 1125 Charter Oak Pkwy

City Creve Coeur State MO Zip Code 63146

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

Name of Employer American Income Llife Ins. Occupation Ins. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935510

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 85 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Becky Turner
Full Name (Last, First, Middle Initial)
Mailing Address 704 Royal View Ct
City Weatherford State TX Zip Code 76086
FEC ID number of contributing federal political committee. **C**
Name of Employer LOCAL 277 Occupation President/Business Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 18 / 2011
Transaction ID : C3697249
Amount of Each Receipt this Period 250.00

B. Dustin W Venekamp
Full Name (Last, First, Middle Initial)
Mailing Address 1004 Division St #301
City Billings State MT Zip Code 59101
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 04 / 11 / 2011
Transaction ID : C3935512
Amount of Each Receipt this Period 100.00

C. Dustin W Venekamp
Full Name (Last, First, Middle Initial)
Mailing Address 1004 Division St #301
City Billings State MT Zip Code 59101
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 04 / 11 / 2011
Transaction ID : C3935513
Amount of Each Receipt this Period 100.00

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 86 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1004 Division St #301

City Billings State MT Zip Code 59101

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3935514

Amount of Each Receipt this Period
100.00

B. Rodney E Ward
Full Name (Last, First, Middle Initial)

Mailing Address 18944 Emit Rd

City Brownstown State MI Zip Code 48192

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3927004

Amount of Each Receipt this Period
100.00

C. Rodney E Ward
Full Name (Last, First, Middle Initial)

Mailing Address 18944 Emit Rd

City Brownstown State MI Zip Code 48192

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011

Transaction ID : C3927005

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 87 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2011
Transaction ID : C3927006
Amount of Each Receipt this Period
100.00

B. 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 ▼ 230.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2011
Transaction ID : C3674918
Amount of Each Receipt this Period
40.00

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 ▼ 230.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2011
Transaction ID : C3697102
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line 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 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2011

Transaction ID : C3827838

Amount of Each Receipt this Period

40.00

B. 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 ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2011

Transaction ID : C3906268

Amount of Each Receipt this Period

60.00

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 ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2011

Transaction ID : C3938775

Amount of Each Receipt this Period

40.00

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 89 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robe Whittinghill		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935542
Mailing Address 5703 Oberlin Dr Suite 106		Amount of Each Receipt this Period 150.00
City San Diego	State CA	Zip Code 92121
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Robe Whittinghill		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935544
Mailing Address 5703 Oberlin Dr Suite 106		Amount of Each Receipt this Period 150.00
City San Diego	State CA	Zip Code 92121
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Robe Whittinghill		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935546
Mailing Address 5703 Oberlin Dr Suite 106		Amount of Each Receipt this Period 150.00
City San Diego	State CA	Zip Code 92121
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 90 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Cynthia J Wilhelmi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935517
Mailing Address 2912 S Louise Ave #105		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Cynthia J Wilhelmi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935518
Mailing Address 2912 S Louise Ave #105		Amount of Each Receipt this Period 100.00
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: <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. Cynthia J Wilhelmi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2011 Transaction ID : C3935519
Mailing Address 2912 S Louise Ave #105		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 91 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Tom Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 S Pine Island Rd Ste 308
 City Plantation State FL Zip Code 33324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935575
 Amount of Each Receipt this Period
 200.00

B. Tom Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 S Pine Island Rd Ste 308
 City Plantation State FL Zip Code 33324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935576
 Amount of Each Receipt this Period
 200.00

C. Tom Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 S Pine Island Rd Ste 308
 City Plantation State FL Zip Code 33324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2011
Transaction ID : C3935577
 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 92 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David S Zophin		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011
Mailing Address 300 S Pine Island Rd Ste 308		Transaction ID : C3935579
City Plantation	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. David S Zophin		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011
Mailing Address 300 S Pine Island Rd Ste 308		Transaction ID : C3935580
City Plantation	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) C. David S Zophin		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2011
Mailing Address 300 S Pine Island Rd Ste 308		Transaction ID : C3935581
City Plantation	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	42327.09

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 93 OF 111
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Capitol One Bank

Mailing Address PO Box 1296

City Laurel State MD Zip Code 20707

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2011
Transaction ID : C3675912

Amount of Each Receipt this Period
51.15

Full Name (Last, First, Middle Initial)
B. Capitol One Bank

Mailing Address PO Box 1296

City Laurel State MD Zip Code 20707

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : C3878777

Amount of Each Receipt this Period
188.84

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

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2011
Transaction ID : C3675911

Amount of Each Receipt this Period
30.50

SUBTOTAL of Receipts This Page (optional).....▶	270.49
TOTAL This Period (last page this line 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 94 OF 111
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

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

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.58

Date of Receipt
02 / 28 / 2011

Transaction ID : C3878775

Amount of Each Receipt this Period
34.36

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

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.58

Date of Receipt
03 / 31 / 2011

Transaction ID : C3887520

Amount of Each Receipt this Period
32.82

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

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.58

Date of Receipt
04 / 30 / 2011

Transaction ID : C3914640

Amount of Each Receipt this Period
35.20

SUBTOTAL of Receipts This Page (optional).....▶	102.38
TOTAL This Period (last page this line 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 95 OF 111
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. CITIBANK, F.S.B.
Full Name (Last, First, Middle Initial)
Mailing Address 1101 Pennsylvania Avenue, N.W.
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 207.58

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2011
Transaction ID : C3914641
Amount of Each Receipt this Period
32.82

B. CITIBANK, F.S.B.
Full Name (Last, First, Middle Initial)
Mailing Address 1101 Pennsylvania Avenue, N.W.
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 207.58

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2011
Transaction ID : C3940857
Amount of Each Receipt this Period
30.24

C. CITIBANK, F.S.B.
Full Name (Last, First, Middle Initial)
Mailing Address 1101 Pennsylvania Avenue, N.W.
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 207.58

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2011
Transaction ID : C3940878
Amount of Each Receipt this Period
5.32

SUBTOTAL of Receipts This Page (optional).....▶	68.38
TOTAL This Period (last page this line 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 96 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.58**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2011

Transaction ID : C3941016

Amount of Each Receipt this Period
6.32

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	6.32
TOTAL This Period (last page this line number only).....▶	447.57

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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Calibre Cpa Group Pllc

Mailing Address 1850 K Street NW, Suite 1050

City Washington State DC Zip Code 20006

Purpose of Disbursement
Administrative/Accounting Fees

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2011

Transaction ID : D245871

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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
State: District:

Disbursement For: Primary General Other (specify) ▼

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)..... ▶

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

3000.00

3000.00

**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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Barney Frank for Congress Committee		Date of Disbursement MM / DD / YYYY 02 / 18 / 2011
Mailing Address PO Box 260		Transaction ID : D232610
City Newtonville	State MA	
Purpose of Disbursement MA - 4 - General	Candidate Name Barney Frank	Amount of Each Disbursement this Period -5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MA	District: 04	Category/Type 011

Full Name (Last, First, Middle Initial) B. Barney Frank for Congress Committee		Date of Disbursement MM / DD / YYYY 02 / 18 / 2011
Mailing Address PO Box 260		Transaction ID : D232611
City Newtonville	State MA	
Purpose of Disbursement MA - 4 - General	Candidate Name Barney Frank	Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MA	District: 04	Category/Type 011

Full Name (Last, First, Middle Initial) C. Berkley For Senate		Date of Disbursement MM / DD / YYYY 06 / 09 / 2011
Mailing Address 7437 S. Eastern Avenue #427		Transaction ID : D243778
City Las Vegas	State NV	
Purpose of Disbursement Senate NV 01	Candidate Name Shelley Berkley	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NV	District: 01	Category/Type 011

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2011

Mailing Address 430 S Capitol St SE

Transaction ID : D564

City Washington State DC Zip Code 20003-4024

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
2011 Membership Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
2011 Membership Cont

State: District:

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2011

Mailing Address 120 Maryland Avenue, NE

Transaction ID : D243843

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
2011 Membership Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2011

Mailing Address 2280 KRESGE DRIVE
Suite 800

Transaction ID : D156

City AMHERST State OH Zip Code 44001

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
US Senate, OH

011
Category/ Type

Candidate Name

Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 00

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

31000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jerry McNerney

Mailing Address 6520 Village Parkway
2nd Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement
CA - 11 General

011

Candidate Name

Jerry McNerney

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2011

Transaction ID : D242851

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Kathy Hochul for Congress

Mailing Address 4521 Copperfield Drive

City Hamburg State NY Zip Code 14075

Purpose of Disbursement
NY 26 Primary

011

Candidate Name

Kathy Hochul

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2011

Transaction ID : D243224

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark DeSaulnier

Mailing Address PO Box 6066

City Concord State CA Zip Code 94524

Purpose of Disbursement
State Senate - CA

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2011

Transaction ID : D535

Amount of Each Disbursement this Period

1500.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
House of Representatives NY (1)

011

Candidate Name
Tim Bishop

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D244102

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10605 Concord St

City Kensington State MD Zip Code 20895-2504

Purpose of Disbursement
MD 8 General

011

Candidate Name
Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D223618

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10605 Concord St

City Kensington State MD Zip Code 20895-2504

Purpose of Disbursement
MD 8 General

011

Candidate Name
Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D232613

Amount of Each Disbursement this Period

-	1	0	0	.	0	0
---	---	---	---	---	---	---

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

1	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	3	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Rick ALTIG Jr		Date of Disbursement MM / DD / YYYY 02 / 14 / 2011
Mailing Address 15440 Bel-Red Rd		Transaction ID : D232618
City Redmond	State WA	
Zip Code 98052	Purpose of Disbursement Donor Refund 2010 Cycle	Amount of Each Disbursement this Period 824.00
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Donor Refund 2010 Cy	
State: District:		

Full Name (Last, First, Middle Initial) B. Eric Giglione		Date of Disbursement MM / DD / YYYY 02 / 14 / 2011
Mailing Address 38 Windsor Ln		Transaction ID : D232614
City Little Silver	State NJ	
Zip Code 07739	Purpose of Disbursement Donor Refund 2010 Cycle	Amount of Each Disbursement this Period 600.00
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Durhon Renah R Oldham		Date of Disbursement MM / DD / YYYY 02 / 14 / 2011
Mailing Address 1995 Harris Rd		Transaction ID : D232616
City Penfield	State NY	
Zip Code 14526	Purpose of Disbursement Donor Refund 2010 Cycle	Amount of Each Disbursement this Period 600.00
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Donor Refund 2010 Cy	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2024.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Robert Olson Jr

Mailing Address 26561 W Hghland Dr

City Channahon State IL Zip Code 60410

Purpose of Disbursement
Donor Refund 2010 Cycle

010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
Donor Refund 2010 Cy

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2011

Transaction ID : D232619

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Paul D Rumbuc

Mailing Address 3570 Magnoloia Ct

City Oakland Township State MI Zip Code 48363

Purpose of Disbursement
Donor Refund 2010 Cycle

010

Candidate Name

Category/
Type

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
02 / 14 / 2011

Transaction ID : D232615

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. James M Surace

Mailing Address 12301 Ridge Rd

City Cleveland State OH Zip Code 44133

Purpose of Disbursement
Donor Refund 2010 Cycle

010

Candidate Name

Category/
Type

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
02 / 14 / 2011

Transaction ID : D232617

Amount of Each Disbursement this Period

824.00

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

2024.00

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

4048.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Brown for Governor 2010

Mailing Address 291 3rd St

City Oakland State CA Zip Code 94607-4337

Purpose of Disbursement
CA General

Category/
Type

Candidate Name
Jerry Brown

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

/ /

Transaction ID : D238952

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
ACH Debit - JB MOSS VOTE ACCOUNT

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : D242490

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
ACH Debit - JB MOSS VOTE ACCOUNT

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : D242789

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
ACH Debit - JB MOSS VOTE ACCOUNT

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	1

Transaction ID : D243225

Amount of Each Disbursement this Period

3	9	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
Service Charge-NY

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D243648

Amount of Each Disbursement this Period

1	9	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
Service Charge-NY

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID : D245874

Amount of Each Disbursement this Period

1	9	.	0	0
---	---	---	---	---

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

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

7	7	.	0	0
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7	7	.	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
Service Charge-NY

001

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
05 / 08 / 2011

Transaction ID : D245875

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

B. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
ACH Debit - JB MOSS VOTE ACCOUNT

001

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
06 / 03 / 2011

Transaction ID : D245877

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
ACH Debit - JB MOSS VOTE ACCOUNT

001

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
06 / 30 / 2011

Transaction ID : D245878

Amount of Each Disbursement this Period

25.95

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

64.95

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
Service Charge-NY

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2011

Transaction ID : D232607

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

B. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
ACH Debit - JB MOSS VOTE ACCOUNT

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2011

Transaction ID : D232609

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Clint Zweifel

Mailing Address 2781 Red Cedar Parc Drive, 5

City O'Fallon State MO Zip Code 63368

Purpose of Disbursement
MO - Treasurer

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2011

Transaction ID : D242866

Amount of Each Disbursement this Period

2500.00

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

2539.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Deval Patrick

Mailing Address 56 Roland Street
Suite 100D

City Boston State MA Zip Code 02129

Purpose of Disbursement
Governor - MA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : D245879

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. John T. Mahoney

Mailing Address 8 Whiting Street

City Plymouth State MA Zip Code 02360

Purpose of Disbursement
Plymouth Board of Selectman - MA

Candidate Name

John T Mahoney

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : D238947

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Mr. Hugh Cameron

Mailing Address 74 Woodland Road

City Wrentham State MA Zip Code 02093

Purpose of Disbursement
MA-Senator Statewide

Candidate Name

Hugh Cameron

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : D232601

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ken Donnelly

Mailing Address 12 Grandview Road

City State Zip Code
Arlington MA 02476

Purpose of Disbursement
MA-State Senator

011

Candidate Name
Ken Donnelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2011

Transaction ID : D232604

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Martin Walsh

Mailing Address 138 West Third Street

City State Zip Code
South Boston MA 02127

Purpose of Disbursement
MA-State Representative

011

Candidate Name
Martin Walsh

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2011

Transaction ID : D263143

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. The Committee to Elect Brian A. Joyce

Mailing Address 776 R Washington Street

City State Zip Code
Canton MA 02021

Purpose of Disbursement
Semator - MA

011

Candidate Name
Brian Joyce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2011

Transaction ID : D245882

Amount of Each Disbursement this Period

250.00

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

700.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Murray Terry

Mailing Address PO Box 1803

City Plymouth State MA Zip Code 02362

Purpose of Disbursement
State Senator Statewide - MA

011

Candidate Name
Terry Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 01 / 2011

Transaction ID : D238950

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. The Murphy Committee

Mailing Address P.O.Box 702

City Burlington State MA Zip Code 01803

Purpose of Disbursement
State Representative MA

011

Candidate Name
Charles Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 09 / 2011

Transaction ID : D233051

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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)..... ▶

750.00

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

-4016.10