

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
OPEIU JB Moss Voice of the Electorate (VOTE)

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Ms. Mary Mahoney

Signature of Treasurer Ms. Mary Mahoney [Electronically Filed] Date  /  /

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

**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"/>		433215.51
(b) Cash on Hand at Beginning of Reporting Period.....	505167.57	
(c) Total Receipts (from Line 19) .....	218933.05	336967.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	724100.62	770182.52
7. Total Disbursements (from Line 31).....	30175.34	76257.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	693925.28	693925.28
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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).....	112552.01	154879.10
(ii) Unitemized .....	105958.44	181217.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	218510.45	336096.84
(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) .....	218510.45	336096.84
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.).....	422.60	870.17
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))..... ▶	218933.05	336967.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	218933.05	336967.01

**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 .....	2125.00	5175.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2125.00	5175.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	67000.00
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 .....	307.66	4355.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	307.66	4355.66
29. Other Disbursements .....	3742.68	-273.42
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)) ..	30175.34	76257.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30175.34	76257.24

**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) .....	218510.45	336096.84
34. Total Contribution Refunds (from Line 28(d)) .....	307.66	4355.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	218202.79	331741.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2125.00	5175.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2125.00	5175.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 6901 W 138Th Ter #418

City Overland Park	State KS	Zip Code 66223
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947279**

Amount of Each Receipt this Period  
100.00

**B. John R Akers**  
Full Name (Last, First, Middle Initial)

Mailing Address 6901 W 138Th Ter #418

City Overland Park	State KS	Zip Code 66223
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947280**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 6901 W 138Th Ter #418

City Overland Park	State KS	Zip Code 66223
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947281**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6901 W 138Th Ter #418

City Overland Park State KS Zip Code 66223

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4383956**

Amount of Each Receipt this Period  
**100.00**

**B. John R Akers**  
Full Name (Last, First, Middle Initial)

Mailing Address 6901 W 138Th Ter #418

City Overland Park State KS Zip Code 66223

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4386023**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 6901 W 138Th Ter #418

City Overland Park State KS Zip Code 66223

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4460984**

Amount of Each Receipt this Period  
**100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 379
<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. John R Akers**  
Full Name (Last, First, Middle Initial)

Mailing Address 6901 W 138Th Ter #418

City Overland Park State KS Zip Code 66223

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4463219**

Amount of Each Receipt this Period  
**100.00**

**B. John R Akers**  
Full Name (Last, First, Middle Initial)

Mailing Address 6901 W 138Th Ter #418

City Overland Park State KS Zip Code 66223

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4465445**

Amount of Each Receipt this Period  
**100.00**

**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 ▼ **522.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 22 / 2011**

**Transaction ID : C3964141**

Amount of Each Receipt this Period  
**40.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 379
	<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) <b>A. Walter Allen</b>			Date of Receipt MM / DD / YYYY 08 / 22 / 2011 <b>Transaction ID : C3964264</b>
Mailing Address 7419 Cuvier St			Amount of Each Receipt this Period 50.00
City La Jolla	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 522.00
Name of Employer OPEIU, LOCAL NO.30		Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Walter Allen</b>			Date of Receipt MM / DD / YYYY 08 / 22 / 2011 <b>Transaction ID : C3964381</b>
Mailing Address 7419 Cuvier St			Amount of Each Receipt this Period 40.00
City La Jolla	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 522.00
Name of Employer OPEIU, LOCAL NO.30		Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Walter Allen</b>			Date of Receipt MM / DD / YYYY 09 / 20 / 2011 <b>Transaction ID : C3999453</b>
Mailing Address 7419 Cuvier St			Amount of Each Receipt this Period 50.00
City La Jolla	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 522.00
Name of Employer OPEIU, LOCAL NO.30		Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 379
	<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) <b>A. Walter Allen</b>			Date of Receipt
Mailing Address 7419 Cuvier St			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : C4281271</b>
La Jolla	CA	92037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
OPEIU, LOCAL NO.30	Executive Director/Financial Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="522.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Walter Allen</b>			Date of Receipt
Mailing Address 7419 Cuvier St			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : C4400565</b>
La Jolla	CA	92037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
OPEIU, LOCAL NO.30	Executive Director/Financial Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="522.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Walter Allen</b>			Date of Receipt
Mailing Address 7419 Cuvier St			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : C4468081</b>
La Jolla	CA	92037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
OPEIU, LOCAL NO.30	Executive Director/Financial Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="522.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 379
	<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) <b>A. Richard JR Altig</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947437</b>
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		Aggregate Year-to-Date ▼ 4576.00	
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) ▼			

Full Name (Last, First, Middle Initial) <b>B. Richard JR Altig</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947438</b>
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		Aggregate Year-to-Date ▼ 4576.00	
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) ▼			

Full Name (Last, First, Middle Initial) <b>C. Richard JR Altig</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947439</b>
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		Aggregate Year-to-Date ▼ 4576.00	
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) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 379
<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) <b>A. Richard JR Altig</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383996</b>
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 ▼ 4576.00	

Full Name (Last, First, Middle Initial) <b>B. Richard JR Altig</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386062</b>
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 ▼ 4576.00	

Full Name (Last, First, Middle Initial) <b>C. Richard JR Altig Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4387447</b>
Mailing Address 13911 49Th Avenue Ct Nw		Amount of Each Receipt this Period 416.00
City Gig Harbor	State WA	Zip Code 98332
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 ▼ 416.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 379
	<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) <b>A. Richard JR Altig</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4461019</b>
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 ▼ 4576.00		

Full Name (Last, First, Middle Initial) <b>B. Richard JR Altig</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4463250</b>
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 ▼ 4576.00		

Full Name (Last, First, Middle Initial) <b>C. Richard JR Altig</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4465475</b>
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 ▼ 4576.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 379 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Diego R Arangopuerta**  
Full Name (Last, First, Middle Initial)

Mailing Address 7810 Rain Shore

City San Antonio State TX Zip Code 78249

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947282**

Amount of Each Receipt this Period  
**100.00**

**B. Diego R Arangopuerta**  
Full Name (Last, First, Middle Initial)

Mailing Address 7810 Rain Shore

City San Antonio State TX Zip Code 78249

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947283**

Amount of Each Receipt this Period  
**100.00**

**C. Diego R Arangopuerta**  
Full Name (Last, First, Middle Initial)

Mailing Address 7810 Rain Shore

City San Antonio State TX Zip Code 78249

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947284**

Amount of Each Receipt this Period  
**100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 379
	<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) <b>A. Diego R Arangopuerta</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383957</b>
Mailing Address 7810 Rain Shore		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78249
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <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>B. Diego R Arangopuerta</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386024</b>
Mailing Address 7810 Rain Shore		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78249
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <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>C. Diego R Arangopuerta</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4460985</b>
Mailing Address 7810 Rain Shore		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78249
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 379
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Diego R Arangopuerta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7810 Rain Shore  
 City San Antonio State TX Zip Code 78249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463220**  
 Amount of Each Receipt this Period  
**100.00**

**B. Diego R Arangopuerta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7810 Rain Shore  
 City San Antonio State TX Zip Code 78249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465446**  
 Amount of Each Receipt this Period  
**100.00**

**C. Simon A Arias**  
 Full Name (Last, First, Middle Initial)  
 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 **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947288**  
 Amount of Each Receipt this Period  
**100.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 379
	<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) <b>A. Simon A Arias</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2011
Mailing Address 224 Stockton Ridge		<b>Transaction ID : C3947289</b>
City Cranberry Township	State PA	Zip Code 16606
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 Ins. Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Simon A Arias</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2011
Mailing Address 224 Stockton Ridge		<b>Transaction ID : C3947290</b>
City Cranberry Township	State PA	Zip Code 16606
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 Ins. Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Simon A Arias</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011
Mailing Address 224 Stockton Ridge		<b>Transaction ID : C4383959</b>
City Cranberry Township	State PA	Zip Code 16606
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 Ins. Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Simon A Arias</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386025</b>
Mailing Address 224 Stockton Ridge		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Simon A Arias</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4462333</b>
Mailing Address 12330 Perry Highway #100		Amount of Each Receipt this Period 100.00
City Pittsburgh	State PA	Zip Code 15090
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Simon A Arias</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4464238</b>
Mailing Address 12330 Perry Highway #100		Amount of Each Receipt this Period 100.00
City Pittsburgh	State PA	Zip Code 15090
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 19 OF 379  
(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. Simon A Arias**

Mailing Address 12330 Perry Highway #100

City State Zip Code  
 Pittsburgh PA 15090

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

Name of Employer Occupation  
 American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4466237**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 3217 E Tonto Ln

City State Zip Code  
 Phoenix AZ 85050

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 ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3943232**

Amount of Each Receipt this Period  
 150.00

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

Mailing Address 3217 E Tonto Ln

City State Zip Code  
 Phoenix AZ 85050

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 ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4389057**

Amount of Each Receipt this Period  
 150.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 379
	<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) <b>A. Malka Arony</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4462388</b>
Mailing Address 3217 E Tonto Ln			Amount of Each Receipt this Period 150.00
City Phoenix	State AZ	Zip Code 85050	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 460.00
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. James Bailey</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947291</b>
Mailing Address 200 Ne Topaz Dr			Amount of Each Receipt this Period 100.00
City Lees Summit	State MO	Zip Code 64086	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
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) ▼			

Full Name (Last, First, Middle Initial) <b>C. James Bailey</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947292</b>
Mailing Address 200 Ne Topaz Dr			Amount of Each Receipt this Period 100.00
City Lees Summit	State MO	Zip Code 64086	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
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) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 379
<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) <b>A. James Bailey</b>		Date of Receipt
Mailing Address 72B Whispering Creek		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
New Bloomfield	MO	65063
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
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="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Transaction ID : <b>C3948736</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. James Bailey</b>		Date of Receipt
Mailing Address 72B Whispering Creek		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
New Bloomfield	MO	65063
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
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="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Transaction ID : <b>C4384266</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>C. James Bailey</b>		Date of Receipt
Mailing Address 72B Whispering Creek		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
New Bloomfield	MO	65063
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
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="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Transaction ID : <b>C4386272</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 379
	<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. James Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 72B Whispering Creek

City New Bloomfield State MO Zip Code 65063

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4461184**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 72B Whispering Creek

City New Bloomfield State MO Zip Code 65063

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463386**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 72B Whispering Creek

City New Bloomfield State MO Zip Code 65063

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465597**

Amount of Each Receipt this Period  
**100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 379
	<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. Lorena Barriere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11737 Mollyknoll Ave

City Whittier	State CA	Zip Code 90604
------------------	-------------	-------------------

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
07		18		2011

**Transaction ID : C3943910**

Amount of Each Receipt this Period  
25.00

**B. Lorena Barriere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11737 Mollyknoll Ave

City Whittier	State CA	Zip Code 90604
------------------	-------------	-------------------

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
07		18		2011

**Transaction ID : C3943911**

Amount of Each Receipt this Period  
25.00

**C. Lorena Barriere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11737 Mollyknoll Ave

City Whittier	State CA	Zip Code 90604
------------------	-------------	-------------------

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
07		18		2011

**Transaction ID : C3943912**

Amount of Each Receipt this Period  
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 379
	<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. Lorena Barriere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11737 Mollyknoll Ave

City Whittier	State CA	Zip Code 90604
------------------	-------------	-------------------

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
11	/	16	/	2011

**Transaction ID : C4383161**

Amount of Each Receipt this Period  

25.00
-------

**B. Lorena Barriere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11737 Mollyknoll Ave

City Whittier	State CA	Zip Code 90604
------------------	-------------	-------------------

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
11	/	16	/	2011

**Transaction ID : C4385304**

Amount of Each Receipt this Period  

25.00
-------

**C. Lorena Barriere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11737 Mollyknoll Ave

City Whittier	State CA	Zip Code 90604
------------------	-------------	-------------------

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
11	/	16	/	2011

**Transaction ID : C4387494**

Amount of Each Receipt this Period  

25.00
-------

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 379
	<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. Lorena Barriere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11737 Mollyknoll Ave

City Whittier	State CA	Zip Code 90604
------------------	-------------	-------------------

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
12	/	29	/	2011

**Transaction ID : C4460326**

Amount of Each Receipt this Period  

25.00
-------

**B. Lorena Barriere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11737 Mollyknoll Ave

City Whittier	State CA	Zip Code 90604
------------------	-------------	-------------------

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
12	/	29	/	2011

**Transaction ID : C4462605**

Amount of Each Receipt this Period  

25.00
-------

**C. Lorena Barriere**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11737 Mollyknoll Ave

City Whittier	State CA	Zip Code 90604
------------------	-------------	-------------------

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
12	/	29	/	2011

**Transaction ID : C4464908**

Amount of Each Receipt this Period  

25.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6100 Baneberry Dr

City State Zip Code  
Westerville OH 43082

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 ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3947227**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 6100 Baneberry Dr

City State Zip Code  
Westerville OH 43082

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 ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3947228**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 6100 Baneberry Dr

City State Zip Code  
Westerville OH 43082

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 ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3947229**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line 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 379
	<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. Stephen P Bendure**

Mailing Address 6100 Baneberry Dr

City State Zip Code  
Westerville OH 43082

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 ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4383938**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 6100 Baneberry Dr

City State Zip Code  
Westerville OH 43082

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 ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4386005**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 6100 Baneberry Dr

City State Zip Code  
Westerville OH 43082

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 ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4387512**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 379  
(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. Stephen P Bendure**

Mailing Address 6100 Baneberry Dr

City State Zip Code  
 Westerville OH 43082

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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4460968**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 6100 Baneberry Dr

City State Zip Code  
 Westerville OH 43082

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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4463203**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 6100 Baneberry Dr

City State Zip Code  
 Westerville OH 43082

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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4465430**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line 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 379
	<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. Susan L Bergh**

Mailing Address 5653 Columbia Rd #202

City Columbia State MD Zip Code 21044

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943755**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Susan L Bergh**

Mailing Address 5653 Columbia Rd #202

City Columbia State MD Zip Code 21044

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943756**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Susan L Bergh**

Mailing Address 5653 Columbia Rd #202

City Columbia State MD Zip Code 21044

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943757**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 379
	<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) <b>A. Susan L Bergh</b>		Date of Receipt
Mailing Address 5653 Columbia Rd #202		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Columbia State MD Zip Code 21044		<b>Transaction ID : C4383128</b>
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 INSURANCE Occupation Insurance Agent		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Susan L Bergh</b>		Date of Receipt
Mailing Address 5653 Columbia Rd #202		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Columbia State MD Zip Code 21044		<b>Transaction ID : C4385270</b>
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 INSURANCE Occupation Insurance Agent		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Susan L Bergh</b>		Date of Receipt
Mailing Address 5653 Columbia Rd #202		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Columbia State MD Zip Code 21044		<b>Transaction ID : C4387516</b>
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 INSURANCE Occupation Insurance Agent		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 379
<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. Yaroslav Bitman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4704 Saratoga Falls Ln  
City Raleigh State NC Zip Code 27614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3943355**  
Amount of Each Receipt this Period **100.00**

**B. Yaroslav Bitman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4704 Saratoga Falls Ln  
City Raleigh State NC Zip Code 27614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3943356**  
Amount of Each Receipt this Period **100.00**

**C. Yaroslav Bitman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4704 Saratoga Falls Ln  
City Raleigh State NC Zip Code 27614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3943357**  
Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 379
	<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) <b>A. Yaroslav Bitman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383031</b>
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Yaroslav Bitman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4385177</b>
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Yaroslav Bitman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4387529</b>
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 ▼ 1200.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 379
<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. Yaroslav Bitman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4704 Saratoga Falls Ln  
City Raleigh State NC Zip Code 27614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4460204**  
Amount of Each Receipt this Period 100.00

**B. Yaroslav Bitman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4704 Saratoga Falls Ln  
City Raleigh State NC Zip Code 27614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4462488**  
Amount of Each Receipt this Period 100.00

**C. Yaroslav Bitman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4704 Saratoga Falls Ln  
City Raleigh State NC Zip Code 27614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4464792**  
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 34 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David E Blaisdell</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943754</b>
Mailing Address 537 Hogan Branch Rd			Amount of Each Receipt this Period 90.00
City Goodlettsville	State TN	Zip Code 37072	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 270.00
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		270.00	

Full Name (Last, First, Middle Initial) <b>B. David E Blaisdell</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4389145</b>
Mailing Address 537 Hogan Branch Rd			Amount of Each Receipt this Period 90.00
City Goodlettsville	State TN	Zip Code 37072	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 270.00
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		270.00	

Full Name (Last, First, Middle Initial) <b>C. David E Blaisdell</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4462392</b>
Mailing Address 537 Hogan Branch Rd			Amount of Each Receipt this Period 90.00
City Goodlettsville	State TN	Zip Code 37072	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 270.00
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lisa Blake</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2011 <b>Transaction ID : C3994847</b>
Mailing Address 30445 Fox Club Drive		Amount of Each Receipt this Period 24.00
City Farmington Hills	State MI	Zip Code 48331-1953
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OPEIU Local 42	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa Blake</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2011 <b>Transaction ID : C4012371</b>
Mailing Address 30445 Fox Club Drive		Amount of Each Receipt this Period 24.00
City Farmington Hills	State MI	Zip Code 48331-1953
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OPEIU Local 42	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Blake</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2011 <b>Transaction ID : C4012383</b>
Mailing Address 30445 Fox Club Drive		Amount of Each Receipt this Period 24.00
City Farmington Hills	State MI	Zip Code 48331-1953
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OPEIU Local 42	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	72.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 379
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lisa Blake</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2011 <b>Transaction ID : C4372687</b>
Mailing Address 30445 Fox Club Drive		Amount of Each Receipt this Period 78.00
City Farmington Hills	State MI	Zip Code 48331-1953
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OPEIU Local 42	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa Blake</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2011 <b>Transaction ID : C4372702</b>
Mailing Address 30445 Fox Club Drive		Amount of Each Receipt this Period 84.00
City Farmington Hills	State MI	Zip Code 48331-1953
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OPEIU Local 42	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) <b>C. Gary Bleier</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947293</b>
Mailing Address 917A Windfield Pl		Amount of Each Receipt this Period 100.00
City Appleton	State WI	Zip Code 54911
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	262.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 379
	<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) <b>A. Gary Bleier</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947294</b>
Mailing Address 917A Windfield Pl		Amount of Each Receipt this Period 100.00
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: <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>B. Gary Bleier</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947295</b>
Mailing Address 917A Windfield Pl		Amount of Each Receipt this Period 100.00
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: <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>C. Gary Bleier</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383960</b>
Mailing Address 917A Windfield Pl		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Gary Bleier</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386027</b>
Mailing Address 917A Windfield Pl			Amount of Each Receipt this Period 100.00
City Appleton	State WI	Zip Code 54911	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1200.00	
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Gary Bleier</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4387535</b>
Mailing Address 917A Windfield Pl			Amount of Each Receipt this Period 100.00
City Appleton	State WI	Zip Code 54911	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1200.00	
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Gary Bleier</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4460986</b>
Mailing Address 917A Windfield Pl			Amount of Each Receipt this Period 100.00
City Appleton	State WI	Zip Code 54911	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1200.00	
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 379
	<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. 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 ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4463221**

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 ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4465447**

Amount of Each Receipt this Period  
**100.00**

**C. Paul Bohelski**  
Full Name (Last, First, Middle Initial)

Mailing Address 8800 Elbe Trail

City Ft. Worth State TX Zip Code 76118

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

Name of Employer OPEIU Occupation Senior Int'l Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3942328**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **230.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 379
	<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. Paul Bohelski**  
Full Name (Last, First, Middle Initial)

Mailing Address 8800 Elbe Trail

City Ft. Worth State TX Zip Code 76118

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

Name of Employer OPEIU Occupation Senior Int'l Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 09 / 2011**

**Transaction ID : C3960787**

Amount of Each Receipt this Period  
**30.00**

**B. Paul Bohelski**  
Full Name (Last, First, Middle Initial)

Mailing Address 8800 Elbe Trail

City Ft. Worth State TX Zip Code 76118

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

Name of Employer OPEIU Occupation Senior Int'l Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 20 / 2011**

**Transaction ID : C3999542**

Amount of Each Receipt this Period  
**30.00**

**C. Paul Bohelski**  
Full Name (Last, First, Middle Initial)

Mailing Address 8800 Elbe Trail

City Ft. Worth State TX Zip Code 76118

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

Name of Employer OPEIU Occupation Senior Int'l Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 14 / 2011**

**Transaction ID : C4017774**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.00**

**TOTAL** This Period (last page this line 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 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Paul Bohelski</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2011 <b>Transaction ID : C4372658</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 30.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU	Occupation Senior Int'l Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Bohelski</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2011 <b>Transaction ID : C4400927</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 45.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU	Occupation Senior Int'l Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>C. Tod L Brown</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943267</b>
Mailing Address 6674 Blackthorn Dr Apt H		Amount of Each Receipt this Period 50.00
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 379
	<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) <b>A. Tod L Brown</b>		Date of Receipt
Mailing Address 6674 Blackthorn Dr Apt H		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3943268</b>
Name of Employer American Income Life	Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Tod L Brown</b>		Date of Receipt
Mailing Address 6674 Blackthorn Dr Apt H		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3943269</b>
Name of Employer American Income Life	Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Tod L Brown</b>		Date of Receipt
Mailing Address 6674 Blackthorn Dr Apt H		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4383010</b>
Name of Employer American Income Life	Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 379
	<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. Tod L Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 6674 Blackthorn Dr  
Apt H

City Indianapolis State IN Zip Code 46220

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
11 / 16 / 2011  
**Transaction ID : C4385151**

Amount of Each Receipt this Period  
50.00

**B. Tod L Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 6674 Blackthorn Dr  
Apt H

City Indianapolis State IN Zip Code 46220

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
11 / 16 / 2011  
**Transaction ID : C4387569**

Amount of Each Receipt this Period  
50.00

**C. Tod L Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 6674 Blackthorn Dr  
Apt H

City Indianapolis State IN Zip Code 46220

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4460179**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 379
	<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) <b>A. Tod L Brown</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4462463</b>
Mailing Address 6674 Blackthorn Dr Apt H		Amount of Each Receipt this Period 50.00
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <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>B. Tod L Brown</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4464767</b>
Mailing Address 6674 Blackthorn Dr Apt H		Amount of Each Receipt this Period 50.00
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <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>C. Juliet Casey</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3942320</b>
Mailing Address 1015 Howard Grove Ct		Amount of Each Receipt this Period 30.00
City Davidsonville	State MD	Zip Code 21035-1246
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU S-T's Office	Occupation ASSIST. TO ST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

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

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

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

FOR LINE NUMBER: PAGE 45 OF 379  
(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. Juliet Casey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 Howard Grove Ct  
 City Davidsonville State MD Zip Code 21035-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2011  
**Transaction ID : C3960793**  
 Amount of Each Receipt this Period  
 30.00

**B. Juliet Casey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 Howard Grove Ct  
 City Davidsonville State MD Zip Code 21035-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2011  
**Transaction ID : C3999533**  
 Amount of Each Receipt this Period  
 30.00

**C. Juliet Casey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 Howard Grove Ct  
 City Davidsonville State MD Zip Code 21035-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : C4017759**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line 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 379
	<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. Juliet Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Howard Grove Ct

City Davidsonville State MD Zip Code 21035-1246

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

Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 08 / 2011**

**Transaction ID : C4372662**

Amount of Each Receipt this Period  
**30.00**

**B. Juliet Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Howard Grove Ct

City Davidsonville State MD Zip Code 21035-1246

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

Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 16 / 2011**

**Transaction ID : C4400919**

Amount of Each Receipt this Period  
**45.00**

**C. Robert A Chun**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 29329

City Honolulu State HI Zip Code 96820

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  
**07 / 18 / 2011**

**Transaction ID : C3947205**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 47 OF 379  
(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 A Chun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 29329  
 City Honolulu State HI Zip Code 96820  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947206**  
 Amount of Each Receipt this Period  
 25.00

**B. Robert A Chun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 29329  
 City Honolulu State HI Zip Code 96820  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947207**  
 Amount of Each Receipt this Period  
 25.00

**C. Robert A Chun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 29329  
 City Honolulu State HI Zip Code 96820  
 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  
 11 / 16 / 2011  
**Transaction ID : C4383933**  
 Amount of Each Receipt this Period  
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 379
	<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 A Chun**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 29329

City Honolulu State HI Zip Code 96820

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  
**11 / 16 / 2011**

**Transaction ID : C4386000**

Amount of Each Receipt this Period  
**25.00**

**B. Robert A Chun**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 29329

City Honolulu State HI Zip Code 96820

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  
**11 / 16 / 2011**

**Transaction ID : C4387383**

Amount of Each Receipt this Period  
**25.00**

**C. Robert A Chun**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 29329

City Honolulu State HI Zip Code 96820

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  
**12 / 29 / 2011**

**Transaction ID : C4460962**

Amount of Each Receipt this Period  
**25.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 379
	<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) <b>A. Robert A Chun</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4463197</b>
Mailing Address Po Box 29329			Amount of Each Receipt this Period 25.00
City Honolulu	State HI	Zip Code 96820	
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>B. Robert A Chun</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4465424</b>
Mailing Address Po Box 29329			Amount of Each Receipt this Period 25.00
City Honolulu	State HI	Zip Code 96820	
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>C. Timothy D Clark</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947230</b>
Mailing Address 861 B'S and K'S Rd			Amount of Each Receipt this Period 30.00
City Galena	State OH	Zip Code 43021	
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life Ins.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 379
	<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. Timothy D Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 B'S and K'S Rd  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 18 / 2011  
**Transaction ID : C3947231**  
Amount of Each Receipt this Period 30.00

**B. Timothy D Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 B'S and K'S Rd  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 18 / 2011  
**Transaction ID : C3947232**  
Amount of Each Receipt this Period 30.00

**C. Timothy D Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 B'S and K'S Rd  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 16 / 2011  
**Transaction ID : C4383939**  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line 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 379
	<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. Timothy D Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 B'S and K'S Rd  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 16 / 2011  
**Transaction ID : C4386006**  
Amount of Each Receipt this Period 30.00

**B. Timothy D Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 B'S and K'S Rd  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 16 / 2011  
**Transaction ID : C4387651**  
Amount of Each Receipt this Period 30.00

**C. Timothy D Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 B'S and K'S Rd  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4460969**  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 379
	<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. Timothy D Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 B'S and K'S Rd  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 29 / 2011**  
**Transaction ID : C4463204**  
Amount of Each Receipt this Period **30.00**

**B. Timothy D Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 861 B'S and K'S Rd  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 29 / 2011**  
**Transaction ID : C4465431**  
Amount of Each Receipt this Period **30.00**

**C. Eric L Cochran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 705 Se Brick  
City Bondurant State IA Zip Code 50131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3948015**  
Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 379
	<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. Eric L Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948016**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1301 Se Princeton Pl

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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947299**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4384180**

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 54 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4386202**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4461135**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4463344**

Amount of Each Receipt this Period  
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 379
	<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. Eric L Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4465563**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943874**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles State CA Zip Code 90036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943875**

Amount of Each Receipt this Period  
**150.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 379
<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. David Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943876**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383149**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385292**

Amount of Each Receipt this Period  
150.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 379
	<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. David Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4387659**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460314**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4462593**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 379
<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. David Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4464897**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947383**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947384**

Amount of Each Receipt this Period  
150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 379
	<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) <b>A. Micah Cohen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947385</b>
Mailing Address 5700 Wilshire Blvd Ste 480		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. Micah Cohen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383981</b>
Mailing Address 5700 Wilshire Blvd Ste 480		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>C. Micah Cohen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386045</b>
Mailing Address 5700 Wilshire Blvd Ste 480		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 379
	<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. 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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4461002**

Amount of Each Receipt this Period  
150.00

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463235**

Amount of Each Receipt this Period  
150.00

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465461**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 379
	<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. Demario M Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 4300 E Broadway

City Alorton State IL Zip Code 62207

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

Name of Employer Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948047**

Amount of Each Receipt this Period  
**80.00**

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

Mailing Address 4300 E Broadway

City Alorton State IL Zip Code 62207

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

Name of Employer Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948048**

Amount of Each Receipt this Period  
**80.00**

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

Mailing Address 4300 E Broadway

City Alorton State IL Zip Code 62207

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

Name of Employer Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948049**

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 62 OF 379
<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 M Cooper**

Mailing Address 4300 E Broadway

City Alorton State IL Zip Code 62207

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
11 / 16 / 2011  
**Transaction ID : C4384189**

Amount of Each Receipt this Period  
80.00

Full Name (Last, First, Middle Initial)  
**B. James X Cunningham**

Mailing Address 11559 Cumberland Rd Ste 200

City Fishers State IN Zip Code 46037

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 ▼  
302.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3948187**

Amount of Each Receipt this Period  
2.00

Full Name (Last, First, Middle Initial)  
**C. James X Cunningham**

Mailing Address 11559 Cumberland Rd Ste 200

City Fishers State IN Zip Code 46037

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 ▼  
302.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3948188**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 132.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 379
	(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. James X Cunningham**  
Full Name (Last, First, Middle Initial)

Mailing Address 11559 Cumberland Rd Ste 200

City Fishers	State IN	Zip Code 46037
-----------------	-------------	-------------------

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 ▼ **302.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3948189**

Amount of Each Receipt this Period  

50.00
-------

**B. James X Cunningham**  
Full Name (Last, First, Middle Initial)

Mailing Address 11559 Cumberland Rd Ste 200

City Fishers	State IN	Zip Code 46037
-----------------	-------------	-------------------

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 ▼ **302.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4386227**

Amount of Each Receipt this Period  

50.00
-------

**C. James X Cunningham**  
Full Name (Last, First, Middle Initial)

Mailing Address 11559 Cumberland Rd Ste 200

City Fishers	State IN	Zip Code 46037
-----------------	-------------	-------------------

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 ▼ **302.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4461152**

Amount of Each Receipt this Period  

50.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 379
	<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. James X Cunningham**  
Full Name (Last, First, Middle Initial)

Mailing Address 11559 Cumberland Rd Ste 200

City Fishers	State IN	Zip Code 46037
-----------------	-------------	-------------------

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 ▼ **302.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463358**

Amount of Each Receipt this Period  

50.00
-------

**B. James X Cunningham**  
Full Name (Last, First, Middle Initial)

Mailing Address 11559 Cumberland Rd Ste 200

City Fishers	State IN	Zip Code 46037
-----------------	-------------	-------------------

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 ▼ **302.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465572**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address 15 Morning Breeze Ct

City Silver Springs	State MD	Zip Code 20904
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3948646**

Amount of Each Receipt this Period  

100.00
--------

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 379
	<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) <b>A. Kevin Davis</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4384241</b>
Mailing Address 15 Morning Breeze Ct			Amount of Each Receipt this Period 100.00
City Silver Springs	State MD	Zip Code 20904	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 700.00	
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) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kevin Davis</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386249</b>
Mailing Address 15 Morning Breeze Ct			Amount of Each Receipt this Period 100.00
City Silver Springs	State MD	Zip Code 20904	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 700.00	
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) ▼			

Full Name (Last, First, Middle Initial) <b>C. Kevin Davis</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4387732</b>
Mailing Address 15 Morning Breeze Ct			Amount of Each Receipt this Period 100.00
City Silver Springs	State MD	Zip Code 20904	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 700.00	
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) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 379
	<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 Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4461167**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4463371**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4465584**

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 67 OF 379
<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) <b>A. Cara A Defiore</b>		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Machesney Park State IL Zip Code 61115		<b>Transaction ID : C3943724</b>
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 INSURANCE Occupation Insurance Agent		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Cara A Defiore</b>		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Machesney Park State IL Zip Code 61115		<b>Transaction ID : C3943725</b>
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 INSURANCE Occupation Insurance Agent		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Cara A Defiore</b>		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Machesney Park State IL Zip Code 61115		<b>Transaction ID : C3943726</b>
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 INSURANCE Occupation Insurance Agent		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 379
	<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) <b>A. Cara A Defiore</b>			Date of Receipt
Mailing Address 4624 Terrang Trl			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4383120</b>
Machesney Park	IL	61115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AMERICAN INCOME LIFE INSURANCE	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Cara A Defiore</b>			Date of Receipt
Mailing Address 4624 Terrang Trl			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4385262</b>
Machesney Park	IL	61115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AMERICAN INCOME LIFE INSURANCE	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Cara A Defiore</b>			Date of Receipt
Mailing Address 4624 Terrang Trl			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4387740</b>
Machesney Park	IL	61115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AMERICAN INCOME LIFE INSURANCE	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 379
	<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. Cara A Defiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4460285**

Amount of Each Receipt this Period  
 40.00

**B. Cara A Defiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4462567**

Amount of Each Receipt this Period  
 40.00

**C. Cara A Defiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4464871**

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 70 OF 379
	<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. 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 ▼ **272.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947303**

Amount of Each Receipt this Period  
**8.00**

**B. 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 ▼ **272.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947304**

Amount of Each Receipt this Period  
**8.00**

**C. 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 ▼ **272.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947305**

Amount of Each Receipt this Period  
**8.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **24.00**

**TOTAL** This Period (last page this line 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 379
	<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. 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 ▼ **272.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4383962**

Amount of Each Receipt this Period  
**8.00**

**B. 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 ▼ **272.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4386029**

Amount of Each Receipt this Period  
**8.00**

**C. 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 ▼ **272.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4460988**

Amount of Each Receipt this Period  
**8.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>24.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 379
	<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. 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 ▼ **272.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4463223**

Amount of Each Receipt this Period  
**8.00**

**B. 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 ▼ **272.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4465449**

Amount of Each Receipt this Period  
**8.00**

**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 ▼ **3600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3943368**

Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>316.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 OF 379  
(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. Steven J DiCHIARO**

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 ▼  
3600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3943369**

Amount of Each Receipt this Period  
300.00

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

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 ▼  
3600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3943370**

Amount of Each Receipt this Period  
300.00

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

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 ▼  
3600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2011

**Transaction ID : C4383035**

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 74 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Steven J DiCHIARO</b>		Date of Receipt
Mailing Address 3337 Grenache St		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City State Zip Code Greeley CO 80634		<b>Transaction ID : C4385180</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Steven J DiCHIARO</b>		Date of Receipt
Mailing Address 3337 Grenache St		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City State Zip Code Greeley CO 80634		<b>Transaction ID : C4387754</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Steven J DiCHIARO</b>		Date of Receipt
Mailing Address 3337 Grenache St		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code Greeley CO 80634		<b>Transaction ID : C4460207</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3600.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 75 OF 379  
(check only one)

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

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

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

**A. 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 ▼ 3600.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4462491**  
Amount of Each Receipt this Period 300.00

**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 ▼ 3600.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4464795**  
Amount of Each Receipt this Period 300.00

**C. Jason P Dickson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 408 Blue Ridge Dr  
City Moon Township State PA Zip Code 15108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 18 / 2011  
**Transaction ID : C3943312**  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**TOTAL** This Period (last page this line 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 76 OF 379
	<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) <b>A. Jason P Dickson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011
Mailing Address 408 Blue Ridge Dr		<b>Transaction ID : C3943313</b>
City Moon Township	State PA	Zip Code 15108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jason P Dickson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011
Mailing Address 408 Blue Ridge Dr		<b>Transaction ID : C3943314</b>
City Moon Township	State PA	Zip Code 15108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Jason P Dickson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011
Mailing Address 408 Blue Ridge Dr		<b>Transaction ID : C4383021</b>
City Moon Township	State PA	Zip Code 15108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 379
<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. Jason P Dickson**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 Blue Ridge Dr

City Moon Township	State PA	Zip Code 15108
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385166**

Amount of Each Receipt this Period  

25.00
-------

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

Mailing Address 408 Blue Ridge Dr

City Moon Township	State PA	Zip Code 15108
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4387757**

Amount of Each Receipt this Period  

25.00
-------

**C. Jason P Dickson**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 Blue Ridge Dr

City Moon Township	State PA	Zip Code 15108
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460192**

Amount of Each Receipt this Period  

25.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 379
	<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) <b>A. Jason P Dickson</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4462476</b>
Mailing Address 408 Blue Ridge Dr			Amount of Each Receipt this Period 25.00
City Moon Township	State PA	Zip Code 15108	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Jason P Dickson</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4464780</b>
Mailing Address 408 Blue Ridge Dr			Amount of Each Receipt this Period 25.00
City Moon Township	State PA	Zip Code 15108	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Joseph Diecedue</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947306</b>
Mailing Address 36146 Bluff Meadows Dr			Amount of Each Receipt this Period 100.00
City Prairieville	State LA	Zip Code 70769	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 900.00	
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) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 379
	<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. Joseph Diecedue**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36146 Bluff Meadows Dr  
City Prairieville State LA Zip Code 70769  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 18 / 2011  
**Transaction ID : C3947307**  
Amount of Each Receipt this Period 100.00

**B. Joseph Diecedue**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36146 Bluff Meadows Dr  
City Prairieville State LA Zip Code 70769  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 18 / 2011  
**Transaction ID : C3947308**  
Amount of Each Receipt this Period 100.00

**C. Joseph Diecedue**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36146 Bluff Meadows Dr  
City Prairieville State LA Zip Code 70769  
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 11 / 16 / 2011  
**Transaction ID : C4383964**  
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 379
	<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. Joseph Diecedue**  
Full Name (Last, First, Middle Initial)

Mailing Address 36146 Bluff Meadows Dr

City Prairieville State LA Zip Code 70769

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  
**11 / 16 / 2011**

**Transaction ID : C4386031**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 36146 Bluff Meadows Dr

City Prairieville State LA Zip Code 70769

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  
**12 / 29 / 2011**

**Transaction ID : C4460990**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 36146 Bluff Meadows Dr

City Prairieville State LA Zip Code 70769

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  
**12 / 29 / 2011**

**Transaction ID : C4463225**

Amount of Each Receipt this Period  
**100.00**

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



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

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

FOR LINE NUMBER: PAGE 81 OF 379  
(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. Joseph Diecedue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36146 Bluff Meadows Dr  
 City State Zip Code  
 Prairieville LA 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465451**  
 Amount of Each Receipt this Period  
 100.00

**B. Desi Dimitrova**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15206 Jupiter St  
 City State Zip Code  
 Whittier CA 90603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 706.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3944773**  
 Amount of Each Receipt this Period  
 2.00

**C. Desi Dimitrova**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15206 Jupiter St  
 City State Zip Code  
 Whittier CA 90603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 706.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3944774**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 202.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 82 OF 379  
(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. Desi Dimitrova**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15206 Jupiter St  
 City Whittier State CA Zip Code 90603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **706.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**  
**Transaction ID : C3944775**  
 Amount of Each Receipt this Period  
**100.00**

**B. Desi Dimitrova**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15206 Jupiter St  
 City Whittier State CA Zip Code 90603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **706.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**  
**Transaction ID : C4383358**  
 Amount of Each Receipt this Period  
**100.00**

**C. Desi Dimitrova**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15206 Jupiter St  
 City Whittier State CA Zip Code 90603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **706.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**  
**Transaction ID : C4385485**  
 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 83 OF 379
	<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. Desi Dimitrova**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15206 Jupiter St

City Whittier	State CA	Zip Code 90603
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
706.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460496**

Amount of Each Receipt this Period  
100.00

**B. Desi Dimitrova**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15206 Jupiter St

City Whittier	State CA	Zip Code 90603
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
706.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4462764**

Amount of Each Receipt this Period  
100.00

**C. Desi Dimitrova**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15206 Jupiter St

City Whittier	State CA	Zip Code 90603
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
706.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465049**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 379
	<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. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 9333 SW 22 st

City Oklahoma City State OK Zip Code 73128

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3942578**

Amount of Each Receipt this Period  
10.00

**B. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 9333 SW 22 st

City Oklahoma City State OK Zip Code 73128

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
08 / 09 / 2011  
**Transaction ID : C3960751**

Amount of Each Receipt this Period  
30.00

**C. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 9333 SW 22 st

City Oklahoma City State OK Zip Code 73128

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 15 / 2011  
**Transaction ID : C3995693**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line 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 379
	<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. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 9333 SW 22 st

City Oklahoma City State OK Zip Code 73128

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2011

**Transaction ID : C4011975**

Amount of Each Receipt this Period  
 20.00

**B. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 9333 SW 22 st

City Oklahoma City State OK Zip Code 73128

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2011

**Transaction ID : C4382355**

Amount of Each Receipt this Period  
 20.00

**C. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 9333 SW 22 st

City Oklahoma City State OK Zip Code 73128

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

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011

**Transaction ID : C4401521**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 379
	<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. Mary Dunn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9333 SW 22 st  
City Oklahoma City State OK Zip Code 73128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer International Union UAW Occupation staff  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 29 / 2011**  
**Transaction ID : C4468535**  
Amount of Each Receipt this Period **200.00**

**B. Gregory J Engrav**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4143 245Th St Ne  
City Solon State IA Zip Code 52333  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3947309**  
Amount of Each Receipt this Period **100.00**

**C. Gregory J Engrav**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4143 245Th St Ne  
City Solon State IA Zip Code 52333  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3947310**  
Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 379
	<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) <b>A. Gregory J Engrav</b>		Date of Receipt
Mailing Address 4143 245Th St Ne		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Solon	State IA	Zip Code 52333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3947311</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="900.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Gregory J Engrav</b>		Date of Receipt
Mailing Address 4143 245Th St Ne		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Solon	State IA	Zip Code 52333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4383965</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="900.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Gregory J Engrav</b>		Date of Receipt
Mailing Address 4143 245Th St Ne		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Solon	State IA	Zip Code 52333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4386032</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="900.00"/>		

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

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

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

FOR LINE NUMBER: PAGE 88 OF 379  
(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. Gregory J Engrav**

Mailing Address 4143 245Th St Ne

City Solon                      State IA                      Zip Code 52333

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  
**12 / 29 / 2011**

**Transaction ID : C4460991**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Gregory J Engrav**

Mailing Address 4143 245Th St Ne

City Solon                      State IA                      Zip Code 52333

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  
**12 / 29 / 2011**

**Transaction ID : C4463226**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Timothy Farr**

Mailing Address 43107 Ryegate St

City Canton                      State MI                      Zip Code 48187

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

Name of Employer American Income Life                      Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943512**

Amount of Each Receipt this Period  
**240.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **440.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 379
	<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) <b>A. Timothy Farr</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C4389069</b>
Mailing Address 43107 Ryegate St		Amount of Each Receipt this Period 240.00
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Farr</b>		Date of Receipt MM / DD / YYYY 12 / 29 / 2011 <b>Transaction ID : C4462402</b>
Mailing Address 43107 Ryegate St		Amount of Each Receipt this Period 240.00
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>C. Laura Fisher</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2011 <b>Transaction ID : C3947312</b>
Mailing Address 44 Black Bear Dr #1228		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	580.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947313**

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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947314**

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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

**Transaction ID : C4384762**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 379
	<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. 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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4386654**

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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4461472**

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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4463620**

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 92 OF 379  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 44 Black Bear Dr #1228

City State Zip Code  
Waltham MA 02451

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 ▼  
1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4465787**

Amount of Each Receipt this Period  
100.00

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

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 ▼  
1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947398**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**C. Benjamin A Foti**

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 ▼  
1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947399**

Amount of Each Receipt this Period  
200.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 379
	<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. Benjamin A Foti**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4533 Waterford Way  
City Oakley State CA Zip Code 94561  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3947400**  
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 **2200.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3943937**  
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 **2200.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3943938**  
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 94 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4071 Port Chicago Hwy St 200

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943942**

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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383171**

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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385314**

Amount of Each Receipt this Period  
200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 379
	(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. 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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460336**

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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4462615**

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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4464918**

Amount of Each Receipt this Period  
200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7229 Kingman Cir

City Indianapolis State IN Zip Code 46256

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943340**

Amount of Each Receipt this Period  
**90.00**

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

Mailing Address 7229 Kingman Cir

City Indianapolis State IN Zip Code 46256

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4389066**

Amount of Each Receipt this Period  
**90.00**

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

Mailing Address 7229 Kingman Cir

City Indianapolis State IN Zip Code 46256

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4462405**

Amount of Each Receipt this Period  
**90.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 379
	<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. 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 ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947386**

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 ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947387**

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 ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947388**

Amount of Each Receipt this Period  
150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383983**

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 ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4386047**

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 ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4461004**

Amount of Each Receipt this Period  
150.00

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

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

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

FOR LINE NUMBER: PAGE 99 OF 379  
(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. Cindy Furer**

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 ▼  
1650.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4463237**

Amount of Each Receipt this Period  
150.00

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

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 ▼  
1650.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4465462**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**c. Mark S Gagliardi**

Mailing Address 10 Fawn Court

City Oakley State CA Zip Code 94561

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 ▼  
220.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3947138**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00

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

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

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

FOR LINE NUMBER: PAGE 100 OF 379  
(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. Mark S Gagliardi**

Mailing Address 10 Fawn Court

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 ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947139**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 10 Fawn Court

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 ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947140**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**c. Mark S Gagliardi**

Mailing Address 10 Fawn Court

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 ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383916**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line 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 101 OF 379
	<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 S Gagliardi**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Fawn Court

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 ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4385983**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 10 Fawn Court

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 ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4460944**

Amount of Each Receipt this Period  
20.00

**c. Mark S Gagliardi**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Fawn Court

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 ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4463179**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 379
	<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 S Gagliardi**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Fawn Court

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 ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4465406**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City State Zip Code  
EATONTOWN NJ 07724

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 ▼  
3200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3948873**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City State Zip Code  
EATONTOWN NJ 07724

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 ▼  
3200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3948874**

Amount of Each Receipt this Period  
400.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3948875**

Amount of Each Receipt this Period  
400.00

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

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4387895**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4384923**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 379
	<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. ERIC GIGLIONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN State NJ Zip Code 07724

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386778**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN State NJ Zip Code 07724

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4462274**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN State NJ Zip Code 07724

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4464194**

Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4466200**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**B. Marianne Giordano**

Mailing Address 5585 Brunswick Ave

City San Diego	State CA	Zip Code 92120
-------------------	-------------	-------------------

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

Name of Employer OPEIU Local 30	Occupation President
------------------------------------	-------------------------

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
08	/	22	/	2011

**Transaction ID : C3964146**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Marianne Giordano**

Mailing Address 5585 Brunswick Ave

City San Diego	State CA	Zip Code 92120
-------------------	-------------	-------------------

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

Name of Employer OPEIU Local 30	Occupation President
------------------------------------	-------------------------

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
08	/	22	/	2011

**Transaction ID : C3964269**

Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 106 OF 379  
(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. Marianne Giordano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5585 Brunswick Ave  
 City San Diego State CA Zip Code 92120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 30 Occupation President  
 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  
 09 / 20 / 2011  
**Transaction ID : C3999458**  
 Amount of Each Receipt this Period  
 40.00

**B. Marianne Giordano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5585 Brunswick Ave  
 City San Diego State CA Zip Code 92120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 30 Occupation President  
 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  
 10 / 25 / 2011  
**Transaction ID : C4281301**  
 Amount of Each Receipt this Period  
 40.00

**C. Marianne Giordano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5585 Brunswick Ave  
 City San Diego State CA Zip Code 92120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 30 Occupation President  
 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  
 12 / 08 / 2011  
**Transaction ID : C4400568**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 379
	<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. Marianne Giordano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5585 Brunswick Ave  
 City San Diego State CA Zip Code 92120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Local 30 Occupation President  
 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  
 12 / 29 / 2011  
**Transaction ID : C4468115**  
 Amount of Each Receipt this Period  
 20.00

**B. Noe A Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5432 La Salle Way  
 City Vallejo State CA Zip Code 94591  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947239**  
 Amount of Each Receipt this Period  
 40.00

**C. Noe A Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5432 La Salle Way  
 City Vallejo State CA Zip Code 94591  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947240**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 379
	<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) <b>A. Noe A Gonzales</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2011 <b>Transaction ID : C3947241</b>
Mailing Address 5432 La Salle Way		Amount of Each Receipt this Period 400.00
City Vallejo	State CA	Zip Code 94591
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Noe A Gonzales</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C4383944</b>
Mailing Address 5432 La Salle Way		Amount of Each Receipt this Period 400.00
City Vallejo	State CA	Zip Code 94591
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Noe A Gonzales</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C4386011</b>
Mailing Address 5432 La Salle Way		Amount of Each Receipt this Period 400.00
City Vallejo	State CA	Zip Code 94591
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 ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 109 OF 379  
(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. Noe A Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5432 La Salle Way  
 City Vallejo State CA Zip Code 94591  
 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 / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4387907**  
 Amount of Each Receipt this Period  
 40.00

**B. Noe A Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5432 La Salle Way  
 City Vallejo State CA Zip Code 94591  
 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 / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460974**  
 Amount of Each Receipt this Period  
 40.00

**C. Noe A Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5432 La Salle Way  
 City Vallejo State CA Zip Code 94591  
 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 / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463209**  
 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 110 OF 379
	<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. Noe A Gonzales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5432 La Salle Way

City Vallejo	State CA	Zip Code 94591
-----------------	-------------	-------------------

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
12	/	29	/	2011

**Transaction ID : C4465435**

Amount of Each Receipt this Period  
400.00

**B. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln

City Golden	State CO	Zip Code 80401
----------------	-------------	-------------------

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
07	/	18	/	2011

**Transaction ID : C3947145**

Amount of Each Receipt this Period  
20.00

**C. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln

City Golden	State CO	Zip Code 80401
----------------	-------------	-------------------

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
07	/	18	/	2011

**Transaction ID : C3947146**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 OF 379  
(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. Joshua B Goodman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14009 West 30Th Ln  
 City Golden State CO Zip Code 80401  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947147**  
 Amount of Each Receipt this Period  
 20.00

**B. Joshua B Goodman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14009 West 30Th Ln  
 City Golden State CO Zip Code 80401  
 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  
 11 / 16 / 2011  
**Transaction ID : C4383918**  
 Amount of Each Receipt this Period  
 20.00

**C. Joshua B Goodman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14009 West 30Th Ln  
 City Golden State CO Zip Code 80401  
 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  
 11 / 16 / 2011  
**Transaction ID : C4385985**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line 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 112 OF 379
	<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. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
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  
11 / 16 / 2011  
**Transaction ID : C4387917**  
Amount of Each Receipt this Period  
20.00

**B. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
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  
12 / 29 / 2011  
**Transaction ID : C4460946**  
Amount of Each Receipt this Period  
20.00

**C. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
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  
12 / 29 / 2011  
**Transaction ID : C4463181**  
Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 379
	<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. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
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 **12 / 29 / 2011**  
**Transaction ID : C4465408**  
Amount of Each Receipt this Period **200.00**

**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 **500.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3942316**  
Amount of Each Receipt this Period **50.00**

**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 **1000.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3947318**  
Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 114 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mark 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 ▼ 1000.00

Date of Receipt 07 / 18 / 2011  
**Transaction ID : C3947319**  
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 ▼ 1000.00

Date of Receipt 07 / 18 / 2011  
**Transaction ID : C3947320**  
Amount of Each Receipt this Period 100.00

**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 ▼ 1000.00

Date of Receipt 11 / 16 / 2011  
**Transaction ID : C4383966**  
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 115 OF 379
	<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 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 ▼ 1000.00

Date of Receipt 11 / 16 / 2011  
**Transaction ID : C4386033**  
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 ▼ 1000.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4460992**  
Amount of Each Receipt this Period 100.00

**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 ▼ 1000.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4463227**  
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 116 OF 379
	<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) <b>A. Erik J Graham</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943242</b>
Mailing Address 9741 Reseda Blvd #39		Amount of Each Receipt this Period 25.00
City Northridge	State CA Zip Code 91324	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Erik J Graham</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943243</b>
Mailing Address 9741 Reseda Blvd #39		Amount of Each Receipt this Period 25.00
City Northridge	State CA Zip Code 91324	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Erik J Graham</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943244</b>
Mailing Address 9741 Reseda Blvd #39		Amount of Each Receipt this Period 25.00
City Northridge	State CA Zip Code 91324	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
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) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 379
	<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) <b>A. Erik J Graham</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383002</b>
Mailing Address 9741 Reseda Blvd #39		Amount of Each Receipt this Period 25.00
City Northridge	State CA	Zip Code 91324
FEC ID number of contributing federal political committee. <b>C</b>		
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>B. Erik J Graham</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4385143</b>
Mailing Address 9741 Reseda Blvd #39		Amount of Each Receipt this Period 25.00
City Northridge	State CA	Zip Code 91324
FEC ID number of contributing federal political committee. <b>C</b>		
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>C. Erik J Graham</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4387923</b>
Mailing Address 9741 Reseda Blvd #39		Amount of Each Receipt this Period 25.00
City Northridge	State CA	Zip Code 91324
FEC ID number of contributing federal political committee. <b>C</b>		
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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 379
	<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. Erik J Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 9741 Reseda Blvd #39  
City Northridge State CA Zip Code 91324

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  
12 / 29 / 2011  
**Transaction ID : C4460171**

Amount of Each Receipt this Period  
25.00

**B. Erik J Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 9741 Reseda Blvd #39  
City Northridge State CA Zip Code 91324

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  
12 / 29 / 2011  
**Transaction ID : C4462455**

Amount of Each Receipt this Period  
25.00

**C. Erik J Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 9741 Reseda Blvd #39  
City Northridge State CA Zip Code 91324

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  
12 / 29 / 2011  
**Transaction ID : C4464759**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 119 OF 379
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. 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 ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947324**

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 ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947325**

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 ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947326**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 379
	<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. 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 ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4387931**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 43 Nocturne Woods PI

City The Woodlands State TX Zip Code 77382

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943721**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 43 Nocturne Woods PI

City The Woodlands State TX Zip Code 77382

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943722**

Amount of Each Receipt this Period  
**300.00**

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



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

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

FOR LINE NUMBER: PAGE 121 OF 379  
(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 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 ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3943723**  
 Amount of Each Receipt this Period  
 300.00

**B. Steven K Greer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4387935**  
 Amount of Each Receipt this Period  
 300.00

**C. Steven K Greer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Nocturne Woods Pl  
 City The Woodlands State TX Zip Code 77382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383119**  
 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 122 OF 379
	<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) <b>A. Steven K Greer</b>		Date of Receipt
Mailing Address 43 Nocturne Woods Pl		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City State Zip Code The Woodlands TX 77382		<b>Transaction ID : C4385261</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer AMERICAN INCOME LIFE INSURANCE	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Steven K Greer</b>		Date of Receipt
Mailing Address 43 Nocturne Woods Pl		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code The Woodlands TX 77382		<b>Transaction ID : C4460284</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer AMERICAN INCOME LIFE INSURANCE	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Steven K Greer</b>		Date of Receipt
Mailing Address 43 Nocturne Woods Pl		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code The Woodlands TX 77382		<b>Transaction ID : C4462566</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer AMERICAN INCOME LIFE INSURANCE	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 379
<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. 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 ▼ 3300.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4464870**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 621 Sequoia St

City Brentwood State CA Zip Code 94513

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

Name of Employer LOCAL 29 Occupation ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3950063**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 621 Sequoia St

City Brentwood State CA Zip Code 94513

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

Name of Employer LOCAL 29 Occupation ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt  
09 / 15 / 2011  
**Transaction ID : C3995841**

Amount of Each Receipt this Period  
32.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 342.00

**TOTAL** This Period (last page this line 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 124 OF 379
	<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) <b>A. Kelly Gschwend</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2011 <b>Transaction ID : C4003251</b>
Mailing Address 621 Sequoia St		Amount of Each Receipt this Period 40.00
City Brentwood	State CA	Zip Code 94513
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.00	

Full Name (Last, First, Middle Initial) <b>B. Kelly Gschwend</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 <b>Transaction ID : C4048697</b>
Mailing Address 621 Sequoia St		Amount of Each Receipt this Period 40.00
City Brentwood	State CA	Zip Code 94513
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.00	

Full Name (Last, First, Middle Initial) <b>C. Kelly Gschwend</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4372754</b>
Mailing Address 621 Sequoia St		Amount of Each Receipt this Period 40.00
City Brentwood	State CA	Zip Code 94513
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 379
	<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) <b>A. Kelly Gschwend</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 27 / 2011 <b>Transaction ID : C4468605</b>
Mailing Address 621 Sequoia St		Amount of Each Receipt this Period 40.00
City Brentwood	State CA	Zip Code 94513
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald J Gurney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3948635</b>
Mailing Address 5 Wilderfield Ct		Amount of Each Receipt this Period 100.00
City Lutherville	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald J Gurney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3948636</b>
Mailing Address 5 Wilderfield Ct		Amount of Each Receipt this Period 100.00
City Lutherville	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 379
	<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) <b>A. Ronald J Gurney</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3948637</b>
Mailing Address 5 Wilderfield Ct			Amount of Each Receipt this Period 100.00
City Lutherville	State MD	Zip Code 21093	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 800.00	
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) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ronald J Gurney</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4384239</b>
Mailing Address 5 Wilderfield Ct			Amount of Each Receipt this Period 100.00
City Lutherville	State MD	Zip Code 21093	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 800.00	
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) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ronald J Gurney</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386247</b>
Mailing Address 5 Wilderfield Ct			Amount of Each Receipt this Period 100.00
City Lutherville	State MD	Zip Code 21093	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 800.00	
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) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 OF 379  
(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. Ronald J Gurney**

Mailing Address 5 Wilderfield Ct

City Lutherville      State MD      Zip Code 21093

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

Name of Employer American Income Life Ins.      Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**12 / 29 / 2011**

**Transaction ID : C4461166**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 5 Wilderfield Ct

City Lutherville      State MD      Zip Code 21093

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

Name of Employer American Income Life Ins.      Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**12 / 29 / 2011**

**Transaction ID : C4463370**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 5 Wilderfield Ct

City Lutherville      State MD      Zip Code 21093

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

Name of Employer American Income Life Ins.      Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**12 / 29 / 2011**

**Transaction ID : C4465583**

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 128 OF 379
	<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. Darron C Hacker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Worthington Woods Blvd #20

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947148**

Amount of Each Receipt this Period  
20.00

**B. Darron C Hacker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Worthington Woods Blvd #20

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947149**

Amount of Each Receipt this Period  
20.00

**C. Darron C Hacker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Worthington Woods Blvd #20

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947150**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 379
	<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. Darron C Hacker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Worthington Woods Blvd #20

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383919**

Amount of Each Receipt this Period  

20.00
-------

**B. Darron C Hacker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Worthington Woods Blvd #20

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385986**

Amount of Each Receipt this Period  

20.00
-------

**C. Darron C Hacker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Worthington Woods Blvd #20

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460947**

Amount of Each Receipt this Period  

20.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 379
	<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. Darron C Hacker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Worthington Woods Blvd #20

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463182**

Amount of Each Receipt this Period  

20.00
-------

**B. Darron C Hacker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Worthington Woods Blvd #20

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465409**

Amount of Each Receipt this Period  

20.00
-------

**C. Freder Hadayia**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

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

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

Name of Employer American Income Life Ins.	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4387957**

Amount of Each Receipt this Period  

300.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>340.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 379
	<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) <b>A. Frederick Hadayia Jr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947417</b>
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 ▼ 3304.00	

Full Name (Last, First, Middle Initial) <b>B. Frederick Hadayia Jr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947418</b>
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 ▼ 3304.00	

Full Name (Last, First, Middle Initial) <b>C. Frederick Hadayia Jr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947419</b>
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 ▼ 3304.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 379
	<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) <b>A. Frederick Hadayia Jr</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383045</b>
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 ▼ 3304.00		

Full Name (Last, First, Middle Initial) <b>B. Frederick Hadayia Jr</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386056</b>
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 ▼ 3304.00		

Full Name (Last, First, Middle Initial) <b>C. Frederick Hadayia Jr</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4461013</b>
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 ▼ 3304.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 379
<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) <b>A. Frederick Hadayia Jr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4463244</b>
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 ▼ 3304.00	

Full Name (Last, First, Middle Initial) <b>B. Frederick Hadayia Jr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4465469</b>
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 ▼ 3304.00	

Full Name (Last, First, Middle Initial) <b>C. Constance Hampton</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3944522</b>
Mailing Address PO Box 208		Amount of Each Receipt this Period 75.00
City Waco	State TX	Zip Code 76703-0208
FEC ID number of contributing federal political committee. C	Name of Employer National Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 134 OF 379  
(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. Constance Hampton**  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703-0208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4389323**  
 Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**B. Constance Hampton**  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703-0208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4467229**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Constance Hampton**  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703-0208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4467490**  
 Amount of Each Receipt this Period  
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 379
	<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. Constance Hampton**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703-0208
--------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4467649**

Amount of Each Receipt this Period  
25.00

**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 ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943282**

Amount of Each Receipt this Period  
300.00

**C. 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 ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943283**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 136 OF 379  
(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. 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 ▼ 3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3943284**  
 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 ▼ 3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383013**  
 Amount of Each Receipt this Period  
 300.00

**C. 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 ▼ 3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4385158**  
 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 137 OF 379
	<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 ▼ 3600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4387970**  
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 ▼ 3600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4460184**  
Amount of Each Receipt this Period  
300.00

**C. 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 ▼ 3600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4462468**  
Amount of Each Receipt this Period  
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 138 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mark Hancock</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4464772</b>
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 ▼ 3600.00	

Full Name (Last, First, Middle Initial) <b>B. Steve Y Hartman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947481</b>
Mailing Address 3834 N Desert Oasis Cir		Amount of Each Receipt this Period 300.00
City Mesa	State AZ	Zip Code 85207
FEC ID number of contributing federal political committee.	C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>C. Steve Y Hartman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947423</b>
Mailing Address 8228 S Homestead Lane		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 379
	<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. Steve Y Hartman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8228 S Homestead Lane

City State Zip Code  
Tempe AZ 85284

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

Name of Employer Occupation  
American Life Insurance Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947424**

Amount of Each Receipt this Period  
300.00

**B. Steve Y Hartman**  
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  
American Income Life Ins. Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4387985**

Amount of Each Receipt this Period  
300.00

**C. Steve Y Hartman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3834 N Desert Oasis Cir

City State Zip Code  
Mesa AZ 85207

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 ▼  
1800.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4384004**

Amount of Each Receipt this Period  
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 379
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Steve Y Hartman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3834 N Desert Oasis Cir  
 City Mesa State AZ Zip Code 85207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 11 / 16 / 2011  
**Transaction ID : C4386070**  
 Amount of Each Receipt this Period  
 300.00

**B. Steve Y Hartman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3834 N Desert Oasis Cir  
 City Mesa State AZ Zip Code 85207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 12 / 29 / 2011  
**Transaction ID : C4461025**  
 Amount of Each Receipt this Period  
 300.00

**C. Steve Y Hartman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3834 N Desert Oasis Cir  
 City Mesa State AZ Zip Code 85207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 12 / 29 / 2011  
**Transaction ID : C4463255**  
 Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 OF 379
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Steve Y Hartman</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4465480</b>
Mailing Address 3834 N Desert Oasis Cir	Amount of Each Receipt this Period 300.00
City State Zip Code Mesa AZ 85207	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 1800.00
Name of Employer Occupation American Income Life Ins. Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. David Hausman</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3949454</b>
Mailing Address PO Box 208	Amount of Each Receipt this Period 200.00
City State Zip Code Waco TX 76703-0208	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 800.00
Name of Employer Occupation National Income Life Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. David Hausman</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4389337</b>
Mailing Address PO Box 208	Amount of Each Receipt this Period 300.00
City State Zip Code Waco TX 76703-0208	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 800.00
Name of Employer Occupation National Income Life Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	800.00

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

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

FOR LINE NUMBER: PAGE 142 OF 379  
(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. David Hausman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703-0208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4467231**  
 Amount of Each Receipt this Period  
 100.00

**B. David Hausman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703-0208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4467491**  
 Amount of Each Receipt this Period  
 100.00

**C. David Hausman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703-0208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4467652**  
 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 143 OF 379
	<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) <b>A. Rob Hay</b>		Date of Receipt
Mailing Address 4405 Cox Rd Ste 110		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glen Allen	VA	23060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3943855</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Rob Hay</b>		Date of Receipt
Mailing Address 4405 Cox Rd Ste 110		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glen Allen	VA	23060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3943856</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Rob Hay</b>		Date of Receipt
Mailing Address 5515 5540 Falmouth St		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Richmond	VA	23230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3949463</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 144 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Rob Hay</b>		Date of Receipt
Mailing Address 4405 Cox Rd Ste 110		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glen Allen	VA	23060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4387996</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rob Hay</b>		Date of Receipt
Mailing Address 5515 5540 Falmouth St		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Richmond	VA	23230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4384370</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rob Hay</b>		Date of Receipt
Mailing Address 5515 5540 Falmouth St		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Richmond	VA	23230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4386361</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 379
	<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) <b>A. Rob Hay</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4461255</b>
Mailing Address 5515 5540 Falmouth St		Amount of Each Receipt this Period 250.00
City Richmond	State VA	Zip Code 23230
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Rob Hay</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4463451</b>
Mailing Address 5515 5540 Falmouth St		Amount of Each Receipt this Period 250.00
City Richmond	State VA	Zip Code 23230
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Rob Hay</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4465650</b>
Mailing Address 5515 5540 Falmouth St		Amount of Each Receipt this Period 250.00
City Richmond	State VA	Zip Code 23230
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 146 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Willie Hayden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Kingsbury Rd

City Spencer	State MA	Zip Code 01562
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3943659**

Amount of Each Receipt this Period  

30.00
-------

**B. Willie Hayden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Kingsbury Rd

City Spencer	State MA	Zip Code 01562
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3943660**

Amount of Each Receipt this Period  

30.00
-------

**C. Willie Hayden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Kingsbury Rd

City Spencer	State MA	Zip Code 01562
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3943661**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 147 OF 379  
(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. Willie Hayden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Kingsbury Rd  
 City State Zip Code  
 Spencer MA 01562  
 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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383941**  
 Amount of Each Receipt this Period  
 30.00

**B. Willie Hayden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Kingsbury Rd  
 City State Zip Code  
 Spencer MA 01562  
 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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386007**  
 Amount of Each Receipt this Period  
 30.00

**C. Willie Hayden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Kingsbury Rd  
 City State Zip Code  
 Spencer MA 01562  
 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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4387997**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line 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 148 OF 379
	<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. Willie Hayden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Kingsbury Rd

City Spencer	State MA	Zip Code 01562
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460970**

Amount of Each Receipt this Period  

30.00
-------

**B. Willie Hayden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Kingsbury Rd

City Spencer	State MA	Zip Code 01562
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463205**

Amount of Each Receipt this Period  

30.00
-------

**C. Willie Hayden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Kingsbury Rd

City Spencer	State MA	Zip Code 01562
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465432**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 OF 379  
(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. 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 ▼ **520.00**

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3942325**

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 ▼ **520.00**

Date of Receipt  
**08 / 09 / 2011**

**Transaction ID : C3960794**

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 ▼ **520.00**

Date of Receipt  
**09 / 20 / 2011**

**Transaction ID : C3999540**

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 150 OF 379
	<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. 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 ▼ **520.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2011**

**Transaction ID : C4017772**

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 ▼ **520.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 08 / 2011**

**Transaction ID : C4372659**

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 ▼ **520.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 16 / 2011**

**Transaction ID : C4400925**

Amount of Each Receipt this Period  
**60.00**

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 OF 379  
(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. William D Heath**

Mailing Address 811 S Pine St

City Champaign State IL Zip Code 61820

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 ▼  
500.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3947259**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. William D Heath**

Mailing Address 811 S Pine St

City Champaign State IL Zip Code 61820

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 ▼  
500.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3947260**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. William D Heath**

Mailing Address 811 S Pine St

City Champaign State IL Zip Code 61820

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 ▼  
500.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3947261**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 152 OF 379  
(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)**

**A. William D Heath**  
Full Name (Last, First, Middle Initial)  
Mailing Address 811 S Pine St  
City Champaign State IL Zip Code 61820  
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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4383950**  
Amount of Each Receipt this Period  
50.00

**B. William D Heath**  
Full Name (Last, First, Middle Initial)  
Mailing Address 811 S Pine St  
City Champaign State IL Zip Code 61820  
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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4386017**  
Amount of Each Receipt this Period  
50.00

**C. William D Heath**  
Full Name (Last, First, Middle Initial)  
Mailing Address 811 S Pine St  
City Champaign State IL Zip Code 61820  
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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4460978**  
Amount of Each Receipt this Period  
50.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 379
	<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. William D Heath**  
Full Name (Last, First, Middle Initial)

Mailing Address 811 S Pine St

City Champaign State IL Zip Code 61820

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4463213**

Amount of Each Receipt this Period  
 50.00

**B. William D Heath**  
Full Name (Last, First, Middle Initial)

Mailing Address 811 S Pine St

City Champaign State IL Zip Code 61820

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4465439**

Amount of Each Receipt this Period  
 50.00

**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 ▼ 2750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947414**

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: (check only one)	PAGE 154 OF 379
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**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 **2750.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3947415**  
 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 **2750.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3947416**  
 Amount of Each Receipt this Period **250.00**

**C. Matt M Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 16 / 2011**  
**Transaction ID : C4388006**  
 Amount of Each Receipt this Period **250.00**

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

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

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

FOR LINE NUMBER: PAGE 155 OF 379  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Matt M Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1235 Snug Harbor Dr  
 City Casselberry State FL Zip Code 32707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383991**  
 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 ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386055**  
 Amount of Each Receipt this Period  
 250.00

**C. Matt M Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1235 Snug Harbor Dr  
 City Casselberry State FL Zip Code 32707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4461012**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 379
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**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 ▼ 2750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463243**  
 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 ▼ 2750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465468**  
 Amount of Each Receipt this Period  
 250.00

**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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3943849**  
 Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Christopher 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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943850**

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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943851**

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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4383146**

Amount of Each Receipt this Period  
**100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 158 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Christopher Hernandez</b>		Date of Receipt
Mailing Address 3003 Douglas Ave #17		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4385289</b>
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Christopher Hernandez</b>		Date of Receipt
Mailing Address 3003 Douglas Ave #17		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4460311</b>
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Christopher Hernandez</b>		Date of Receipt
Mailing Address 3003 Douglas Ave #17		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4462590</b>
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1100.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 379
	<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) <b>A. Christopher Hernandez</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4464893</b>
Mailing Address 3003 Douglas Ave #17		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Charles H Hill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943286</b>
Mailing Address 1025 Miwok Dr		Amount of Each Receipt this Period 20.00
City Lodi	State CA	Zip Code 95240
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. Charles H Hill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943287</b>
Mailing Address 1025 Miwok Dr		Amount of Each Receipt this Period 20.00
City Lodi	State CA	Zip Code 95240
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 379
	<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. Charles H Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City	State	Zip Code
Lodi	CA	95240

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 ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943288**

Amount of Each Receipt this Period  

20.00
-------

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

Mailing Address 1025 Miwok Dr

City	State	Zip Code
Lodi	CA	95240

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 ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943293**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 1025 Miwok Dr

City	State	Zip Code
Lodi	CA	95240

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 ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383014**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 379
	<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. Charles H Hill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1025 Miwok Dr

City Lodi	State CA	Zip Code 95240
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385159**

Amount of Each Receipt this Period  

20.00
-------

**B. Charles H Hill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1025 Miwok Dr

City Lodi	State CA	Zip Code 95240
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4388018**

Amount of Each Receipt this Period  

20.00
-------

**C. Charles H Hill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1025 Miwok Dr

City Lodi	State CA	Zip Code 95240
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4389058**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 162 OF 379  
(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. Charles H Hill**

Mailing Address 1025 Miwok Dr

City State Zip Code  
Lodi CA 95240

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 ▼  
330.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4460185**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1025 Miwok Dr

City State Zip Code  
Lodi CA 95240

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 ▼  
330.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4462409**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 1025 Miwok Dr

City State Zip Code  
Lodi CA 95240

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 ▼  
330.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4462469**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**TOTAL** This Period (last page this line 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 163 OF 379
	<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. Charles H Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1025 Miwok Dr  
 City Lodi State CA Zip Code 95240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**  
**Transaction ID : C4464773**  
 Amount of Each Receipt this Period  
**200.00**

**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 **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**  
**Transaction ID : C3947327**  
 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 **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**  
**Transaction ID : C3947328**  
 Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 379
	<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) <b>A. Matthew P Hogan</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947329</b>
Mailing Address 1701B Ellington Rd			Amount of Each Receipt this Period 100.00
City Conyers	State GA	Zip Code 30013	
FEC ID number of contributing federal political committee. C		Occupation Insurance Agent	
Name of Employer American Income Life Ins.		Aggregate Year-to-Date ▼ 1100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Matthew P Hogan</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383967</b>
Mailing Address 1701B Ellington Rd			Amount of Each Receipt this Period 100.00
City Conyers	State GA	Zip Code 30013	
FEC ID number of contributing federal political committee. C		Occupation Insurance Agent	
Name of Employer American Income Life Ins.		Aggregate Year-to-Date ▼ 1100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Matthew P Hogan</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386034</b>
Mailing Address 1701B Ellington Rd			Amount of Each Receipt this Period 100.00
City Conyers	State GA	Zip Code 30013	
FEC ID number of contributing federal political committee. C		Occupation Insurance Agent	
Name of Employer American Income Life Ins.		Aggregate Year-to-Date ▼ 1100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 379
	<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. 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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4460993**

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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4463228**

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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4465452**

Amount of Each Receipt this Period  
**100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 379
	<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) <b>A. Lynnette T Howard</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011
Mailing Address 3229 E Foothill Blvd		<b>Transaction ID : C3949826</b>
City Pasadena	State CA	Zip Code 91107
FEC ID number of contributing federal political committee.	C	
Name of Employer OPEIU, Local #537	Occupation member	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>B. Lynnette T Howard</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2011
Mailing Address 3229 E Foothill Blvd		<b>Transaction ID : C3960778</b>
City Pasadena	State CA	Zip Code 91107
FEC ID number of contributing federal political committee.	C	
Name of Employer OPEIU, Local #537	Occupation member	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>C. Lynnette T Howard</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2011
Mailing Address 3229 E Foothill Blvd		<b>Transaction ID : C3995858</b>
City Pasadena	State CA	Zip Code 91107
FEC ID number of contributing federal political committee.	C	
Name of Employer OPEIU, Local #537	Occupation member	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 379
	<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. Lynnette T Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 E Foothill Blvd

City Pasadena	State CA	Zip Code 91107
------------------	-------------	-------------------

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

Name of Employer OPEIU, Local #537	Occupation member
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2011

**Transaction ID : C4012392**

Amount of Each Receipt this Period  
25.00

**B. Lynnette T Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 E Foothill Blvd

City Pasadena	State CA	Zip Code 91107
------------------	-------------	-------------------

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

Name of Employer OPEIU, Local #537	Occupation member
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : C4331920**

Amount of Each Receipt this Period  
20.00

**C. Lynnette T Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 E Foothill Blvd

City Pasadena	State CA	Zip Code 91107
------------------	-------------	-------------------

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

Name of Employer OPEIU, Local #537	Occupation member
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : C4400655**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 379
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Marcus Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 Big Tree Dr  
 City Columbus State OH Zip Code 43223  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947233**  
 Amount of Each Receipt this Period  
**30.00**

**B. Marcus Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 Big Tree Dr  
 City Columbus State OH Zip Code 43223  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947234**  
 Amount of Each Receipt this Period  
**30.00**

**C. Marcus Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 Big Tree Dr  
 City Columbus State OH Zip Code 43223  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947235**  
 Amount of Each Receipt this Period  
**30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 379
	<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. Marcus Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2045 Big Tree Dr  
City Columbus State OH Zip Code 43223  
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  
**11 / 16 / 2011**  
**Transaction ID : C4383942**  
Amount of Each Receipt this Period  
**30.00**

**B. Marcus Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2045 Big Tree Dr  
City Columbus State OH Zip Code 43223  
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  
**11 / 16 / 2011**  
**Transaction ID : C4386009**  
Amount of Each Receipt this Period  
**30.00**

**C. Marcus Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2045 Big Tree Dr  
City Columbus State OH Zip Code 43223  
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  
**12 / 29 / 2011**  
**Transaction ID : C4460972**  
Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**TOTAL** This Period (last page this line 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 170 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Marcus Howard**

Mailing Address 2045 Big Tree Dr

City Columbus State OH Zip Code 43223

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  
**12 / 29 / 2011**

**Transaction ID : C4463207**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. Marcus Howard**

Mailing Address 2045 Big Tree Dr

City Columbus State OH Zip Code 43223

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  
**12 / 29 / 2011**

**Transaction ID : C4465433**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**C. David T Iriye**

Mailing Address 3540 Columbine St

City Seal Beach State CA Zip Code 90740

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943279**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>85.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 379
	<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. David T Iriye**  
Full Name (Last, First, Middle Initial)

Mailing Address 3540 Columbine St

City Seal Beach State CA Zip Code 90740

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943280**

Amount of Each Receipt this Period  
**25.00**

**B. David T Iriye**  
Full Name (Last, First, Middle Initial)

Mailing Address 3540 Columbine St

City Seal Beach State CA Zip Code 90740

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943281**

Amount of Each Receipt this Period  
**25.00**

**C. David T Iriye**  
Full Name (Last, First, Middle Initial)

Mailing Address 3540 Columbine St

City Seal Beach State CA Zip Code 90740

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4385154**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 379
	<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) <b>A. David T Iriye</b>			Date of Receipt
Mailing Address 3540 Columbine St			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Seal Beach State CA Zip Code 90740			<b>Transaction ID : C4385155</b>
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 Occupation Insurance Agent			<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>B. David T Iriye</b>			Date of Receipt
Mailing Address 3540 Columbine St			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Seal Beach State CA Zip Code 90740			<b>Transaction ID : C4460182</b>
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 Occupation Insurance Agent			<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>C. David T Iriye</b>			Date of Receipt
Mailing Address 3540 Columbine St			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Seal Beach State CA Zip Code 90740			<b>Transaction ID : C4462467</b>
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 Occupation Insurance Agent			<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="275.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 173 OF 379  
(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 T Iriye**

Mailing Address 3540 Columbine St

City Seal Beach      State CA      Zip Code 90740

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
**12 / 29 / 2011**

**Transaction ID : C4464771**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 4071 Port Chicago Hwy Suite 200

City Concord      State CA      Zip Code 94520

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3943303**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 4071 Port Chicago Hwy Suite 200

City Concord      State CA      Zip Code 94520

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3943304**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **425.00**

**TOTAL** This Period (last page this line 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 174 OF 379  
(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) <b>A. John W Jatoft</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Transaction ID : C3943305</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y																
0	7		1	8		2	0	1	1																
Mailing Address 4071 Port Chicago Hwy Suite 200			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>			2	0	0	0	0	0														
2	0	0	0	0	0																				
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 ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>				2	4	0	0	0	0														
2	4	0	0	0	0																				

Full Name (Last, First, Middle Initial) <b>B. John W Jatoft</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Transaction ID : C4383019</b>			M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y																
1	1		1	6		2	0	1	1																
Mailing Address 4071 Port Chicago Hwy Suite 200			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>			2	0	0	0	0	0														
2	0	0	0	0	0																				
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 ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>				2	4	0	0	0	0														
2	4	0	0	0	0																				

Full Name (Last, First, Middle Initial) <b>C. John W Jatoft</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Transaction ID : C4385164</b>			M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y																
1	1		1	6		2	0	1	1																
Mailing Address 4071 Port Chicago Hwy Suite 200			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>			2	0	0	0	0	0														
2	0	0	0	0	0																				
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 ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>				2	4	0	0	0	0														
2	4	0	0	0	0																				

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	6	0	0	0	0	0
6	0	0	0	0	0		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						

**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 175 OF 379
	<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) <b>A. John W Jatoft</b>		Date of Receipt 11 / 16 / 2011 <b>Transaction ID : C4388076</b>
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	Aggregate Year-to-Date ▼ 2400.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John W Jatoft</b>		Date of Receipt 12 / 29 / 2011 <b>Transaction ID : C4460190</b>
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	Aggregate Year-to-Date ▼ 2400.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John W Jatoft</b>		Date of Receipt 12 / 29 / 2011 <b>Transaction ID : C4462474</b>
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	Aggregate Year-to-Date ▼ 2400.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 379
	<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) <b>A. John W Jatoft</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4464778</b>
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 ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>B. Horace W Johnson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943594</b>
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 ▼ 1208.00	

Full Name (Last, First, Middle Initial) <b>C. Horace W Johnson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943595</b>
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 ▼ 1208.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 177 OF 379
<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. Horace W Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12435 Black Water Ct

City Jacksonville	State FL	Zip Code 32223
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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 ▼  
1208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943596**

Amount of Each Receipt this Period  
100.00

**B. Horace W Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12435 Black Water Ct

City Jacksonville	State FL	Zip Code 32223
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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 ▼  
1208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383093**

Amount of Each Receipt this Period  
100.00

**C. Horace W Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12435 Black Water Ct

City Jacksonville	State FL	Zip Code 32223
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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 ▼  
1208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385234**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 379
	<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. Horace W Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12435 Black Water Ct

City Jacksonville	State FL	Zip Code 32223
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4388089**

Amount of Each Receipt this Period  
100.00

**B. Horace W Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12435 Black Water Ct

City Jacksonville	State FL	Zip Code 32223
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460260**

Amount of Each Receipt this Period  
100.00

**C. Horace W Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12435 Black Water Ct

City Jacksonville	State FL	Zip Code 32223
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4462544**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 379
	<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. Horace W Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 12435 Black Water Ct

City Jacksonville State FL Zip Code 32223

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1208.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4464848**

Amount of Each Receipt this Period  
**100.00**

**B. Bruce D Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Theodore Wirth Pkwy Apt 21

City Minneapolis State MN Zip Code 55422

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943966**

Amount of Each Receipt this Period  
**20.00**

**C. Bruce D Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Theodore Wirth Pkwy Apt 21

City Minneapolis State MN Zip Code 55422

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943970**

Amount of Each Receipt this Period  
**20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 379
	<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. Bruce D Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Theodore Wirth Pkwy Apt 21

City Minneapolis	State MN	Zip Code 55422
---------------------	-------------	-------------------

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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943971**

Amount of Each Receipt this Period  

20.00
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**B. Bruce D Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Theodore Wirth Pkwy Apt 21

City Minneapolis	State MN	Zip Code 55422
---------------------	-------------	-------------------

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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383178**

Amount of Each Receipt this Period  

20.00
-------

**C. Bruce D Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Theodore Wirth Pkwy Apt 21

City Minneapolis	State MN	Zip Code 55422
---------------------	-------------	-------------------

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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385321**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 379
	<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. Bruce D Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Theodore Wirth Pkwy Apt 21

City Minneapolis	State MN	Zip Code 55422
---------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4388098**

Amount of Each Receipt this Period  
20.00

**B. Bruce D Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Theodore Wirth Pkwy Apt 21

City Minneapolis	State MN	Zip Code 55422
---------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460342**

Amount of Each Receipt this Period  
20.00

**C. Bruce D Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Theodore Wirth Pkwy Apt 21

City Minneapolis	State MN	Zip Code 55422
---------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4462621**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 379
	<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. Bruce D Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Theodore Wirth Pkwy Apt 21

City	State	Zip Code
Minneapolis	MN	55422

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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4464925**

Amount of Each Receipt this Period  

400.00
--------

**240.00**

**B. Theresa L. Kandt**  
Full Name (Last, First, Middle Initial)

Mailing Address 66755 Powell Rd

City	State	Zip Code
Washington	MI	48095

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

Name of Employer	Occupation
LOCAL 42	Sec-Treas./Bus. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2011

**Transaction ID : C3994850**

Amount of Each Receipt this Period  

400.00
--------

**40.00**

**C. Theresa L. Kandt**  
Full Name (Last, First, Middle Initial)

Mailing Address 66755 Powell Rd

City	State	Zip Code
Washington	MI	48095

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

Name of Employer	Occupation
LOCAL 42	Sec-Treas./Bus. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2011

**Transaction ID : C4012373**

Amount of Each Receipt this Period  

400.00
--------

**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 379
	<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) <b>A. Theresa L. Kandt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2011 <b>Transaction ID : C4012377</b>
Mailing Address 66755 Powell Rd		Amount of Each Receipt this Period 480.00
City Washington	State MI	Zip Code 48095
FEC ID number of contributing federal political committee. C	Name of Employer LOCAL 42	Occupation Sec-Treas./Bus. Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Theresa L. Kandt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2011 <b>Transaction ID : C4372693</b>
Mailing Address 66755 Powell Rd		Amount of Each Receipt this Period 130.00
City Washington	State MI	Zip Code 48095
FEC ID number of contributing federal political committee. C	Name of Employer LOCAL 42	Occupation Sec-Treas./Bus. Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Theresa L. Kandt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2011 <b>Transaction ID : C4372697</b>
Mailing Address 66755 Powell Rd		Amount of Each Receipt this Period 140.00
City Washington	State MI	Zip Code 48095
FEC ID number of contributing federal political committee. C	Name of Employer LOCAL 42	Occupation Sec-Treas./Bus. Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 184 OF 379  
(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. Scott A Keeney**

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947404**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 2185 South Queen St

City York State PA Zip Code 17402

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3949171**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 4020 Ridgeview Lane

City Hurricane State WV Zip Code 25526

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4388118**

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 185 OF 379
	<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) <b>A. Scott A Keeney</b>			Date of Receipt
Mailing Address 2185 South Queen St			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4384343</b>
York	PA	17402	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.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Scott A Keeney</b>			Date of Receipt
Mailing Address 2185 South Queen St			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4386342</b>
York	PA	17402	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.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Scott A Keeney</b>			Date of Receipt
Mailing Address 2185 South Queen St			<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4461242</b>
York	PA	17402	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.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 379
	<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 2185 South Queen St

City York State PA Zip Code 17402

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4463438**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 2185 South Queen St

City York State PA Zip Code 17402

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

Name of Employer American Income Life Ins. Occupation Insurance 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  
**12 / 29 / 2011**

**Transaction ID : C4465640**

Amount of Each Receipt this Period  
**200.00**

**C. Susan M Kelleher**  
Full Name (Last, First, Middle Initial)

Mailing Address 97 Bennington St

City Springfield State MA Zip Code 01108

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 ▼ **689.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3944075**

Amount of Each Receipt this Period  
**229.98**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>629.98</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 379
	<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. Susan M Kelleher**  
Full Name (Last, First, Middle Initial)

Mailing Address 97 Bennington St

City Springfield State MA Zip Code 01108

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 ▼ **689.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4389067**

Amount of Each Receipt this Period  
**229.98**

**B. Susan M Kelleher**  
Full Name (Last, First, Middle Initial)

Mailing Address 97 Bennington St

City Springfield State MA Zip Code 01108

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 ▼ **689.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4462434**

Amount of Each Receipt this Period  
**229.98**

**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 ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3950061**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **509.96**

**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 188 OF 379
	<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) <b>A. Terry Keller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2011 <b>Transaction ID : C3995840</b>
Mailing Address 1137 Wlper St Apt 26		Amount of Each Receipt this Period 40.00
City State Zip Code Hayward CA 94541-6768	FEC ID number of contributing federal political committee. C	
Name of Employer LOCAL 29	Occupation Business Rep	Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Terry Keller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2011 <b>Transaction ID : C4003247</b>
Mailing Address 1137 Wlper St Apt 26		Amount of Each Receipt this Period 40.00
City State Zip Code Hayward CA 94541-6768	FEC ID number of contributing federal political committee. C	
Name of Employer LOCAL 29	Occupation Business Rep	Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Terry Keller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 <b>Transaction ID : C4048699</b>
Mailing Address 1137 Wlper St Apt 26		Amount of Each Receipt this Period 40.00
City State Zip Code Hayward CA 94541-6768	FEC ID number of contributing federal political committee. C	
Name of Employer LOCAL 29	Occupation Business Rep	Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 379
	<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) <b>A. Terry Keller</b>		Date of Receipt
Mailing Address 1137 Wlper St Apt 26		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4372752</b>
Name of Employer LOCAL 29	Occupation Business Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Terry Keller</b>		Date of Receipt
Mailing Address 1137 Wlper St Apt 26		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4468602</b>
Name of Employer LOCAL 29	Occupation Business Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Steven E King</b>		Date of Receipt
Mailing Address 24324 Lynwood Dr		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Novi	State MI	Zip Code 48374
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3943649</b>
Name of Employer American Income Life	Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="8.00"/>
	<input type="text" value="372.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="88.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 379
	<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) <b>A. Steven E King</b>			Date of Receipt
Mailing Address 24324 Lynwood Dr			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C3943650</b>
Novi	MI	48374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.00"/>
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="372.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Steven E King</b>			Date of Receipt
Mailing Address 24324 Lynwood Dr			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C3943651</b>
Novi	MI	48374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.00"/>
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="372.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Steven E King</b>			Date of Receipt
Mailing Address 24324 Lynwood Dr			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4383106</b>
Novi	MI	48374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.00"/>
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="372.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="24.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 379
	<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) <b>A. Steven E King</b>			Date of Receipt
Mailing Address 24324 Lynwood Dr			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4385244</b>
Novi	MI	48374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.00"/>
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="372.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Steven E King</b>			Date of Receipt
Mailing Address 24324 Lynwood Dr			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4388136</b>
Novi	MI	48374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.00"/>
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="372.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Steven E King</b>			Date of Receipt
Mailing Address 24324 Lynwood Dr			<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4460272</b>
Novi	MI	48374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.00"/>
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="372.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="24.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 192 OF 379
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Steven E King</b>		Date of Receipt
Mailing Address 24324 Lynwood Dr		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code Novi MI 48374		<b>Transaction ID : C4462555</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation American Income Life Insurance Agent		<input type="text" value="8.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="372.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Steven E King</b>		Date of Receipt
Mailing Address 24324 Lynwood Dr		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code Novi MI 48374		<b>Transaction ID : C4464861</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation American Income Life Insurance Agent		<input type="text" value="8.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="372.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Kevin Kistler</b>		Date of Receipt
Mailing Address 6225 Starwood Way		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City State Zip Code Rockville MD 20852-3530		<b>Transaction ID : C3942319</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation OPEIU Dir. Organ. & Field Service		<input type="text" value="76.92"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="576.92"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="92.92"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 379
	<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. 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 ▼ **576.92**

Date of Receipt  
**08 / 09 / 2011**

**Transaction ID : C3960788**

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 ▼ **576.92**

Date of Receipt  
**09 / 20 / 2011**

**Transaction ID : C3999534**

Amount of Each Receipt this Period  
**76.92**

**C. 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 ▼ **576.92**

Date of Receipt  
**10 / 14 / 2011**

**Transaction ID : C4017768**

Amount of Each Receipt this Period  
**76.92**

**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:	PAGE 194 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. 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 ▼ **576.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 08 / 2011**

**Transaction ID : C4372678**

Amount of Each Receipt this Period  
**76.92**

**B. Chris XXXX Lafond**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Fairbanks Rd

City Lexington State MA Zip Code 02421

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948438**

Amount of Each Receipt this Period  
**100.00**

**C. Chris XXXX Lafond**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Fairbanks Rd

City Lexington State MA Zip Code 02421

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948439**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>276.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 195 OF 379
<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) <b>A. Chris XXXX Lafond</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2011 <b>Transaction ID : C3948440</b>
Mailing Address 8 Fairbanks Rd		Amount of Each Receipt this Period 100.00
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Chris XXXX Lafond</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C4383968</b>
Mailing Address 8 Fairbanks Rd		Amount of Each Receipt this Period 100.00
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Chris XXXX Lafond</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C4386035</b>
Mailing Address 8 Fairbanks Rd		Amount of Each Receipt this Period 100.00
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 379
	<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) <b>A. Chris XXXX Lafond</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4388163</b>
Mailing Address 8 Fairbanks Rd		Amount of Each Receipt this Period 100.00
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Chris XXXX Lafond</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4462190</b>
Mailing Address 8 Fairbanks Rd		Amount of Each Receipt this Period 100.00
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Chris XXXX Lafond</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4464130</b>
Mailing Address 8 Fairbanks Rd		Amount of Each Receipt this Period 100.00
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 379
	<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. Chris XXXX Lafond**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Fairbanks Rd

City Lexington	State MA	Zip Code 02421
-------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4466159**

Amount of Each Receipt this Period  
100.00

**B. 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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947330**

Amount of Each Receipt this Period  
100.00

**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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947331**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 379
	<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. 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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947332**

Amount of Each Receipt this Period  
100.00

**B. 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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383970**

Amount of Each Receipt this Period  
100.00

**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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4386037**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 379
	<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. 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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460994**

Amount of Each Receipt this Period  
 100.00

**B. 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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463229**

Amount of Each Receipt this Period  
 100.00

**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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465453**

Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 379
	<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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947333**

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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947334**

Amount of Each Receipt this Period  
 100.00

**C. 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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947335**

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 201 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael A Libassi</b>		Date of Receipt
Mailing Address 2532 Baneberry Ln #713		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Indianapolis	IN	46268
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4383971</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael A Libassi</b>		Date of Receipt
Mailing Address 2532 Baneberry Ln #713		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Indianapolis	IN	46268
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4386038</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael A Libassi</b>		Date of Receipt
Mailing Address 2532 Baneberry Ln #713		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Indianapolis	IN	46268
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4460995</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 379
	<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) <b>A. Michael A Libassi</b>		Date of Receipt
Mailing Address 2532 Baneberry Ln #713		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Indianapolis	IN	46268
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4463230</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael A Libassi</b>		Date of Receipt
Mailing Address 2532 Baneberry Ln #713		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Indianapolis	IN	46268
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4465454</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Robert C Liles</b>		Date of Receipt
Mailing Address 6762 S. 73Rd Cir		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Ralston	NE	68127
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3947336</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Ins. Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 379
	<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 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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947337**

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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947338**

Amount of Each Receipt this Period  

100.00
--------

**C. Sabrina N Lloyd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1565 Palisades Ln

City Hoffman Estates	State IL	Zip Code 60192
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3948038**

Amount of Each Receipt this Period  

100.00
--------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 OF 379 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 1565 Palisades Ln

City Hoffman Estates	State IL	Zip Code 60192
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3948039**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 1565 Palisades Ln

City Hoffman Estates	State IL	Zip Code 60192
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4384185**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 1565 Palisades Ln

City Hoffman Estates	State IL	Zip Code 60192
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4386206**

Amount of Each Receipt this Period  

100.00
--------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 379
	<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) <b>A. Sabrina N Lloyd</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4461138</b>
Mailing Address 1565 Palisades Ln		Amount of Each Receipt this Period 100.00
City Hoffman Estates	State IL	Zip Code 60192
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Sabrina N Lloyd</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4463345</b>
Mailing Address 1565 Palisades Ln		Amount of Each Receipt this Period 100.00
City Hoffman Estates	State IL	Zip Code 60192
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Sabrina N Lloyd</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4465564</b>
Mailing Address 1565 Palisades Ln		Amount of Each Receipt this Period 100.00
City Hoffman Estates	State IL	Zip Code 60192
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 379
	<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. Sabrina N Lloyd**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Harbor Hill Rd

City State Zip Code  
Glen Cove NY 11542

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 ▼  
-600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3944078**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 14 Harbor Hill Rd

City State Zip Code  
Glen Cove NY 11542

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 ▼  
-600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3944081**

Amount of Each Receipt this Period  
-900.00

**C. James J Logan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5385 Shannamara Dr

City State Zip Code  
Matthews NC 28104

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 ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3947213**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 379
	<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. James J Logan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5385 Shannamara Dr

City State Zip Code  
Matthews NC 28104

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 ▼  
275.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3947214**

Amount of Each Receipt this Period  
25.00

**B. James J Logan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5385 Shannamara Dr

City State Zip Code  
Matthews NC 28104

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 ▼  
275.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3947215**

Amount of Each Receipt this Period  
25.00

**C. James J Logan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5385 Shannamara Dr

City State Zip Code  
Matthews NC 28104

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 ▼  
275.00

Date of Receipt  
11 / 16 / 2011  
**Transaction ID : C4383934**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 379
	<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. James J Logan**

Mailing Address 5385 Shannamara Dr

City Matthews	State NC	Zip Code 28104
------------------	-------------	-------------------

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 ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4386001**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**B. James J Logan**

Mailing Address 5385 Shannamara Dr

City Matthews	State NC	Zip Code 28104
------------------	-------------	-------------------

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 ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460963**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**C. James J Logan**

Mailing Address 5385 Shannamara Dr

City Matthews	State NC	Zip Code 28104
------------------	-------------	-------------------

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 ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463198**

Amount of Each Receipt this Period  

25.00
-------

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 379
	<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. James J Logan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5385 Shannamara Dr

City State Zip Code  
Matthews NC 28104

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 ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4465425**

Amount of Each Receipt this Period  
25.00

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

Mailing Address N89 W15883 Main St

City State Zip Code  
Menomonee Falls WI 53051

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 ▼  
3300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947428**

Amount of Each Receipt this Period  
300.00

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

Mailing Address N89 W15883 Main St

City State Zip Code  
Menomonee Falls WI 53051

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 ▼  
3300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947429**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**TOTAL** This Period (last page this line 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 210 OF 379
	<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. 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 ▼ **3300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947430**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address PO Box 208

City Waco State TX Zip Code 76703

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

Name of Employer American Income Life Ins. Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4388272**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address N89 W15883 Main St

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4383992**

Amount of Each Receipt this Period  
**300.00**

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

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

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

FOR LINE NUMBER: PAGE 211 OF 379  
(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. 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 ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386058**  
 Amount of Each Receipt this Period  
 300.00

**B. Joseph Manone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N89 W15883 Main St  
 City Menomonee Falls State WI Zip Code 53051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4461015**  
 Amount of Each Receipt this Period  
 300.00

**C. Joseph Manone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N89 W15883 Main St  
 City Menomonee Falls State WI Zip Code 53051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463246**  
 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 212 OF 379
	<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. 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 ▼ **3300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4465471**

Amount of Each Receipt this Period  
**300.00**

**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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943857**

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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943858**

Amount of Each Receipt this Period  
**5.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>310.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 213 OF 379  
(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. Sharon Manone**

Mailing Address N89 W15883 Main St

City State Zip Code  
Menomonee Falls WI 53051

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 ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2011  
**Transaction ID : C3943859**

Amount of Each Receipt this Period  
5.00

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

Mailing Address N89 W15883 Main St

City State Zip Code  
Menomonee Falls WI 53051

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 ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2011  
**Transaction ID : C4383147**

Amount of Each Receipt this Period  
5.00

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

Mailing Address N89 W15883 Main St

City State Zip Code  
Menomonee Falls WI 53051

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 ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2011  
**Transaction ID : C4385290**

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: PAGE 214 OF 379  
(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. 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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4388273**  
 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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460312**  
 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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4462591**  
 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 215 OF 379
	<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) <b>A. Sharon Manone</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4464894</b>
Mailing Address N89 W15883 Main St		Amount of Each Receipt this Period 5.00
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Ewa Marinaccio</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947216</b>
Mailing Address 7230 Darby Downs Unit F		Amount of Each Receipt this Period 25.00
City Elkridge	State MD	Zip Code 21075
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 ▼ 224.00	

Full Name (Last, First, Middle Initial) <b>C. Ewa Marinaccio</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947217</b>
Mailing Address 7230 Darby Downs Unit F		Amount of Each Receipt this Period 25.00
City Elkridge	State MD	Zip Code 21075
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 ▼ 224.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 379
	<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. Ewa Marinaccio**  
Full Name (Last, First, Middle Initial)

Mailing Address 7230 Darby Downs Unit F

City Elkridge State MD Zip Code 21075

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 ▼ 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947218**

Amount of Each Receipt this Period  
 25.00

**B. Ewa Marinaccio**  
Full Name (Last, First, Middle Initial)

Mailing Address 7230 Darby Downs Unit F

City Elkridge State MD Zip Code 21075

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 ▼ 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4383935**

Amount of Each Receipt this Period  
 25.00

**C. Ewa Marinaccio**  
Full Name (Last, First, Middle Initial)

Mailing Address 7230 Darby Downs Unit F

City Elkridge State MD Zip Code 21075

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 ▼ 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4386002**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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



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

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

FOR LINE NUMBER: PAGE 217 OF 379  
(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. Ewa Marinaccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7230 Darby Downs Unit F  
 City State Zip Code  
 Elkridge MD 21075  
 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 ▼  
 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460964**  
 Amount of Each Receipt this Period  
 8.00

**B. Ewa Marinaccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7230 Darby Downs Unit F  
 City State Zip Code  
 Elkridge MD 21075  
 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 ▼  
 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463199**  
 Amount of Each Receipt this Period  
 8.00

**C. Ewa Marinaccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7230 Darby Downs Unit F  
 City State Zip Code  
 Elkridge MD 21075  
 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 ▼  
 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465426**  
 Amount of Each Receipt this Period  
 8.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 24.00  
**TOTAL** This Period (last page this line 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 218 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Timothy P Matteson**

Mailing Address 13319 S 21St St

City Bixby State OK Zip Code 74008

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3947339**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3645 Marketplace Blvd #130-298

City East Point State GA Zip Code 30344

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3943943**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3645 Marketplace Blvd #130-298

City East Point State GA Zip Code 30344

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
07 / 18 / 2011  
**Transaction ID : C3943944**

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 219 OF 379
	<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 East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943945**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3645 Marketplace Blvd #130-298

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383173**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3645 Marketplace Blvd #130-298

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385316**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 379
	<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 East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4388303**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 3645 Marketplace Blvd #130-298

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460338**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 3645 Marketplace Blvd #130-298

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4462617**

Amount of Each Receipt this Period  

100.00
--------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 221 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3645 Marketplace Blvd #130-298

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4464920**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4537 Cove Dr Apt B

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943249**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4537 Cove Dr Apt B

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943250**

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 379
	<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) <b>A. John McCreary</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2011 <b>Transaction ID : C3943251</b>
Mailing Address 4537 Cove Dr Apt B		Amount of Each Receipt this Period 50.00
City Carlsbad	State Zip Code CA 92008	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John McCreary</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C4383004</b>
Mailing Address 4537 Cove Dr Apt B		Amount of Each Receipt this Period 50.00
City Carlsbad	State Zip Code CA 92008	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John McCreary</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C4385145</b>
Mailing Address 4537 Cove Dr Apt B		Amount of Each Receipt this Period 50.00
City Carlsbad	State Zip Code CA 92008	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 379
	<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. John McCreary**  
Full Name (Last, First, Middle Initial)

Mailing Address 4537 Cove Dr  
Apt B

City Carlsbad State CA Zip Code 92008

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 16 / 2011**

**Transaction ID : C4388312**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 4537 Cove Dr  
Apt B

City Carlsbad State CA Zip Code 92008

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**12 / 29 / 2011**

**Transaction ID : C4460173**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 4537 Cove Dr  
Apt B

City Carlsbad State CA Zip Code 92008

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**12 / 29 / 2011**

**Transaction ID : C4462458**

Amount of Each Receipt this Period  
**50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 379
	<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. John McCreary**  
Full Name (Last, First, Middle Initial)

Mailing Address 4537 Cove Dr  
Apt B

City Carlsbad State CA Zip Code 92008

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 29 / 2011  
Transaction ID : C4464761

Amount of Each Receipt this Period  
50.00

**B. 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 ▼  
500.00

Date of Receipt  
07 / 18 / 2011  
Transaction ID : C3947340

Amount of Each Receipt this Period  
100.00

**C. 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 ▼  
500.00

Date of Receipt  
07 / 18 / 2011  
Transaction ID : C3947341

Amount of Each Receipt this Period  
100.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 379
	<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. David T Melcher**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2608

City Waco State TX Zip Code 76797

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947342**

Amount of Each Receipt this Period  
 100.00

**B. David T Melcher**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2608

City Waco State TX Zip Code 76797

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947343**

Amount of Each Receipt this Period  
 100.00

**C. David T Melcher**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2608

City Waco State TX Zip Code 76797

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947344**

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 226 OF 379
	<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. David T Melcher**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2608

City Waco State TX Zip Code 76797

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4383972**

Amount of Each Receipt this Period  
 100.00

**B. David T Melcher**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2608

City Waco State TX Zip Code 76797

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4386039**

Amount of Each Receipt this Period  
 100.00

**C. David T Melcher**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2608

City Waco State TX Zip Code 76797

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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4460996**

Amount of Each Receipt this Period  
 100.00

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

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

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

FOR LINE NUMBER: PAGE 227 OF 379  
(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. David T Melcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 2608  
 City Waco State TX Zip Code 76797  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463231**  
 Amount of Each Receipt this Period  
 100.00

**B. David T Melcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 2608  
 City Waco State TX Zip Code 76797  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465455**  
 Amount of Each Receipt this Period  
 -400.00

**C. David T Melcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 2608  
 City Waco State TX Zip Code 76797  
 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 ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465456**  
 Amount of Each Receipt this Period  
 -400.00

**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 228 OF 379
	<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. Carla A Miller**

Mailing Address 751 Jacobs Mill Pond Rd #814

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943840**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 751 Jacobs Mill Pond Rd #814

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943841**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 751 Jacobs Mill Pond Rd #814

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943842**

Amount of Each Receipt this Period  

100.00
--------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 379
	<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. 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 ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383145**

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 ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385288**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 1211 Ashford Parkway

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

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
12	/	29	/	2011

**Transaction ID : C4462120**

Amount of Each Receipt this Period  

100.00
--------

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

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

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

FOR LINE NUMBER: PAGE 230 OF 379  
(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. Carla A Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 Ashford Parkway  
 City Atlanta State GA Zip Code 30338  
 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  
 12 / 29 / 2011  
**Transaction ID : C4464086**  
 Amount of Each Receipt this Period  
 100.00

**B. Carla A Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 Ashford Parkway  
 City Atlanta State GA Zip Code 30338  
 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  
 12 / 29 / 2011  
**Transaction ID : C4466132**  
 Amount of Each Receipt this Period  
 100.00

**C. Jared M M Mlinarich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9254 Pine Walk Pass  
 City Linden State MI Zip Code 48451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947247**  
 Amount of Each Receipt this Period  
 40.00

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

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

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

FOR LINE NUMBER: PAGE 231 OF 379  
(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. Jared M M Mlinarich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9254 Pine Walk Pass  
 City Linden State MI Zip Code 48451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947248**  
 Amount of Each Receipt this Period  
 40.00

**B. Jared M M Mlinarich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9254 Pine Walk Pass  
 City Linden State MI Zip Code 48451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947249**  
 Amount of Each Receipt this Period  
 40.00

**C. Jared M M Mlinarich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9254 Pine Walk Pass  
 City Linden State MI Zip Code 48451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383946**  
 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 232 OF 379
	<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) <b>A. Jared M M Mlinarich</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386013</b>
Mailing Address 9254 Pine Walk Pass			Amount of Each Receipt this Period 40.00
City Linden	State MI	Zip Code 48451	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 480.00
Name of Employer American Income Life		Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Jared M M Mlinarich</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4388354</b>
Mailing Address 9254 Pine Walk Pass			Amount of Each Receipt this Period 40.00
City Linden	State MI	Zip Code 48451	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 480.00
Name of Employer American Income Life		Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jared M M Mlinarich</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4462220</b>
Mailing Address 9254 Pine Walk Pass			Amount of Each Receipt this Period 40.00
City Linden	State MI	Zip Code 48451	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 480.00
Name of Employer American Income Life		Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 379
	<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. Jared M M Mlinarich**  
Full Name (Last, First, Middle Initial)

Mailing Address 9254 Pine Walk Pass

City Linden State MI Zip Code 48451

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

Name of Employer American Income Life Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4464152**

Amount of Each Receipt this Period  
 40.00

**B. Jared M M Mlinarich**  
Full Name (Last, First, Middle Initial)

Mailing Address 9254 Pine Walk Pass

City Linden State MI Zip Code 48451

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

Name of Employer American Income Life Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4466173**

Amount of Each Receipt this Period  
 40.00

**C. Suzanne Mode**  
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Francis Ave N

City Seattle State WA Zip Code 98103-5243

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

Name of Employer LOCAL 8 Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3942286**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

**TOTAL** This Period (last page this line 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 234 OF 379
	<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. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N

City Seattle	State WA	Zip Code 98103-5243
-----------------	-------------	------------------------

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

Name of Employer LOCAL 8	Occupation Business Manager
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2011

**Transaction ID : C3960774**

Amount of Each Receipt this Period  
20.00

**B. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N

City Seattle	State WA	Zip Code 98103-5243
-----------------	-------------	------------------------

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

Name of Employer LOCAL 8	Occupation Business Manager
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2011

**Transaction ID : C3964654**

Amount of Each Receipt this Period  
20.00

**C. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N

City Seattle	State WA	Zip Code 98103-5243
-----------------	-------------	------------------------

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

Name of Employer LOCAL 8	Occupation Business Manager
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2011

**Transaction ID : C4012335**

Amount of Each Receipt this Period  
5.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 379
	<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. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N

City Seattle	State WA	Zip Code 98103-5243
-----------------	-------------	------------------------

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

Name of Employer LOCAL 8	Occupation Business Manager
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2011

**Transaction ID : C4012347**

Amount of Each Receipt this Period  
20.00

**B. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N

City Seattle	State WA	Zip Code 98103-5243
-----------------	-------------	------------------------

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

Name of Employer LOCAL 8	Occupation Business Manager
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2011

**Transaction ID : C4372681**

Amount of Each Receipt this Period  
20.00

**C. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N

City Seattle	State WA	Zip Code 98103-5243
-----------------	-------------	------------------------

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

Name of Employer LOCAL 8	Occupation Business Manager
-----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2011

**Transaction ID : C4400670**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 236 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Travis P Moody</b>		Date of Receipt
Mailing Address 625 Beecher St		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Louisville	KY	40215
FEC ID number of contributing federal political committee.		<b>Transaction ID : C3948252</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Travis P Moody</b>		Date of Receipt
Mailing Address 509 Mallard Creek Rd		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Louisville	KY	40207
FEC ID number of contributing federal political committee.		<b>Transaction ID : C3947345</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="102.00"/>
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="302.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Travis P Moody</b>		Date of Receipt
Mailing Address 509 Mallard Creek Rd		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Louisville	KY	40207
FEC ID number of contributing federal political committee.		<b>Transaction ID : C3947346</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="302.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="302.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 237 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Travis P Moody</b>		Date of Receipt
Mailing Address 625 Beecher St		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Louisville	KY	40215
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4384229</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Travis P Moody</b>		Date of Receipt
Mailing Address 625 Beecher St		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Louisville	KY	40215
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4386237</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Travis P Moody</b>		Date of Receipt
Mailing Address 625 Beecher St		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Louisville	KY	40215
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4461160</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 238 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Travis P Moody</b>		Date of Receipt
Mailing Address 625 Beecher St		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code Louisville KY 40215		<b>Transaction ID : C4463365</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Travis P Moody</b>		Date of Receipt
Mailing Address 625 Beecher St		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code Louisville KY 40215		<b>Transaction ID : C4465579</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Shelby Mooney</b>		Date of Receipt
Mailing Address 3229 34th Ave W		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City State Zip Code Seattle WA 98199-2614		<b>Transaction ID : C3942287</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="17.00"/>
Name of Employer OPEIU LOCAL 8	Occupation Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="204.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="217.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 239 OF 379  
(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. Shelby Mooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 34th Ave W  
 City Seattle State WA Zip Code 98199-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 8 Occupation Organizer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 08 / 09 / 2011  
**Transaction ID : C3960775**  
 Amount of Each Receipt this Period  
 17.00

**B. Shelby Mooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 34th Ave W  
 City Seattle State WA Zip Code 98199-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 8 Occupation Organizer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 08 / 30 / 2011  
**Transaction ID : C3964652**  
 Amount of Each Receipt this Period  
 17.00

**C. Shelby Mooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 34th Ave W  
 City Seattle State WA Zip Code 98199-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 8 Occupation Organizer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 10 / 05 / 2011  
**Transaction ID : C4012349**  
 Amount of Each Receipt this Period  
 17.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.00  
**TOTAL** This Period (last page this line 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 240 OF 379
	<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. Shelby Mooney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 34th Ave W

City Seattle	State WA	Zip Code 98199-2614
-----------------	-------------	------------------------

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

Name of Employer OPEIU LOCAL 8	Occupation Organizer
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2011

**Transaction ID : C4372682**

Amount of Each Receipt this Period  
17.00

**B. Shelby Mooney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 34th Ave W

City Seattle	State WA	Zip Code 98199-2614
-----------------	-------------	------------------------

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

Name of Employer OPEIU LOCAL 8	Occupation Organizer
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2011

**Transaction ID : C4400671**

Amount of Each Receipt this Period  
17.00

**C. Joseph K Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

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
07	/	18	/	2011

**Transaction ID : C3947914**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 241 OF 379  
(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. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5905 Seaside Dr  
 City Newport Richey State FL Zip Code 33652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947262**  
 Amount of Each Receipt this Period  
 50.00

**B. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5905 Seaside Dr  
 City Newport Richey State FL Zip Code 33652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947263**  
 Amount of Each Receipt this Period  
 50.00

**C. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403  
 City Daytona Beach Shores State FL Zip Code 32118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 American Income Life Ins. Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4384137**  
 Amount of Each Receipt this Period  
 50.00

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

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

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

FOR LINE NUMBER: PAGE 242 OF 379  
(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. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403  
 City State Zip Code  
 Daytona Beach Shores FL 32118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386169**  
 Amount of Each Receipt this Period  
 50.00

**B. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403  
 City State Zip Code  
 Daytona Beach Shores FL 32118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4461111**  
 Amount of Each Receipt this Period  
 50.00

**C. Joseph K Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 S Atlantic Ave #1403  
 City State Zip Code  
 Daytona Beach Shores FL 32118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463324**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 379
	<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. Joseph K Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City State Zip Code  
Daytona Beach Shores FL 32118

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

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4465544**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1355 Woodside Dr

City State Zip Code  
Arnold MO 63010

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 ▼  
3300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947431**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1355 Woodside Dr

City State Zip Code  
Arnold MO 63010

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 ▼  
3300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947432**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 379
	<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) <b>A. Eric J Neal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947433</b>
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

Full Name (Last, First, Middle Initial) <b>B. Eric J Neal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4388397</b>
Mailing Address PO Box 208		Amount of Each Receipt this Period 300.00
City Waco	State TX	Zip Code 76703
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	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) <b>C. Eric J Neal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383994</b>
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 245 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Eric J Neal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386060</b>
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

Full Name (Last, First, Middle Initial) <b>B. Eric J Neal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4461017</b>
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

Full Name (Last, First, Middle Initial) <b>C. Eric J Neal</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4463248</b>
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 379
	<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. 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 ▼ **3300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4465473**

Amount of Each Receipt this Period  
**300.00**

**B. Alfred J Oconnor**  
Full Name (Last, First, Middle Initial)

Mailing Address 69 Church St

City Cortland State NY Zip Code 13045

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

Name of Employer American Income Life Ins. Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947347**

Amount of Each Receipt this Period  
**100.00**

**C. Alfred J Oconnor**  
Full Name (Last, First, Middle Initial)

Mailing Address 69 Church St

City Cortland State NY Zip Code 13045

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

Name of Employer American Income Life Ins. Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947348**

Amount of Each Receipt this Period  
**100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 379
	<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) <b>A. Alfred J Oconnor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3947349</b>
Mailing Address 69 Church St		Amount of Each Receipt this Period 100.00
City Cortland	State NY	Zip Code 13045
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Alfred J Oconnor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383973</b>
Mailing Address 69 Church St		Amount of Each Receipt this Period 100.00
City Cortland	State NY	Zip Code 13045
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Alfred J Oconnor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386040</b>
Mailing Address 69 Church St		Amount of Each Receipt this Period 100.00
City Cortland	State NY	Zip Code 13045
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 379
	<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. Alfred J Oconnor**

Mailing Address 69 Church St

City Cortland State NY Zip Code 13045

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

Name of Employer American Income Life Ins. Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4460997**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948791**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948792**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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



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

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

FOR LINE NUMBER: PAGE 249 OF 379  
(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. Dorian S Oldham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Ne Akin Blvd #1312  
 City Lees Summit State MO Zip Code 64064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3948793**  
 Amount of Each Receipt this Period  
 100.00

**B. Dorian S Oldham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Ne Akin Blvd #1312  
 City Lees Summit State MO Zip Code 64064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4384283**  
 Amount of Each Receipt this Period  
 100.00

**C. Dorian S Oldham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Ne Akin Blvd #1312  
 City Lees Summit State MO Zip Code 64064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386285**  
 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 250 OF 379  
(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. Dorian S Oldham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Ne Akin Blvd #1312  
 City Lees Summit State MO Zip Code 64064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4461195**  
 Amount of Each Receipt this Period  
 100.00

**B. Dorian S Oldham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Ne Akin Blvd #1312  
 City Lees Summit State MO Zip Code 64064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463395**  
 Amount of Each Receipt this Period  
 100.00

**C. Dorian S Oldham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Ne Akin Blvd #1312  
 City Lees Summit State MO Zip Code 64064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465604**  
 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 251 OF 379
	<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. Durhon Oldham**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3949455**

Amount of Each Receipt this Period  
1200.00

**B. Durhon Oldham**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4389338**

Amount of Each Receipt this Period  
1200.00

**C. Durhon Oldham**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4467336**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 379
	<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. Durhon Oldham**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4467569**

Amount of Each Receipt this Period  
400.00

**B. Durhon Oldham**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4467851**

Amount of Each Receipt this Period  
400.00

**C. Robert Olson Jr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26561 W Hghland 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 ▼  
4200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947434**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 379
	<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) <b>A. Robert Olson Jr</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011
Mailing Address 26561 W Hghland Dr			<b>Transaction ID : C3947435</b>
City Channahon	State IL	Zip Code 60410	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) <b>B. Robert Olson Jr</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011
Mailing Address 26561 W Hghland Dr			<b>Transaction ID : C3947436</b>
City Channahon	State IL	Zip Code 60410	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Olson Jr</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011
Mailing Address 26561 W Hghland Dr			<b>Transaction ID : C4383995</b>
City Channahon	State IL	Zip Code 60410	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 OF 379
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 26561 W Hghland 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 ▼  
4200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4386061**

Amount of Each Receipt this Period  
400.00

**B. Robert Olson Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 26561 W Hghland 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 ▼  
4200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4388436**

Amount of Each Receipt this Period  
400.00

**C. Robert Olson Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 26561 W Hghland 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 ▼  
4200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4461018**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 255 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Robert Olson Jr</b>			Date of Receipt
Mailing Address 26561 W Highland Dr			<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4463249</b>
Channahon	IL	60410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="400.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Robert Olson Jr</b>			Date of Receipt
Mailing Address 26561 W Highland Dr			<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C4465474</b>
Channahon	IL	60410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="400.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Sheila Peacock</b>			Date of Receipt
Mailing Address 1810 Buckingham Dr			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C3942326</b>
Pasadena	TX	77504-5011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.46"/>
Name of Employer	Occupation		
OPEIU	Intl Rep		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="838.46"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 379
	<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) <b>A. Sheila Peacock</b>		Date of Receipt 08 / 09 / 2011 <b>Transaction ID : C3960795</b>
Mailing Address 1810 Buckingham Dr		Amount of Each Receipt this Period 38.46
City Pasadena	State TX	Zip Code 77504-5011
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	
Occupation Intl Rep		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>B. Sheila Peacock</b>		Date of Receipt 09 / 20 / 2011 <b>Transaction ID : C3999541</b>
Mailing Address 1810 Buckingham Dr		Amount of Each Receipt this Period 38.46
City Pasadena	State TX	Zip Code 77504-5011
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	
Occupation Intl Rep		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>C. Sheila Peacock</b>		Date of Receipt 10 / 14 / 2011 <b>Transaction ID : C4017773</b>
Mailing Address 1810 Buckingham Dr		Amount of Each Receipt this Period 38.46
City Pasadena	State TX	Zip Code 77504-5011
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	
Occupation Intl Rep		Aggregate Year-to-Date ▼ 499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 379
	<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 ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2011  
**Transaction ID : C4372660**  
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 ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2011  
**Transaction ID : C4400926**  
Amount of Each Receipt this Period  
57.69

**C. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Linda Ln  
City Hampton Bays State NY Zip Code 11946-2201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation asst. to the president  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3942322**  
Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 258 OF 379
<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) <b>A. Colleen Pedersen</b>		Date of Receipt
Mailing Address 19 Linda Ln		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Hampton Bays	State NY	Zip Code 11946-2201
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3960791</b>
Name of Employer OPEIU		Amount of Each Receipt this Period
Occupation asst. to the president		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="260.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Colleen Pedersen</b>		Date of Receipt
Mailing Address 19 Linda Ln		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
City Hampton Bays	State NY	Zip Code 11946-2201
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3999538</b>
Name of Employer OPEIU		Amount of Each Receipt this Period
Occupation asst. to the president		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="260.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Colleen Pedersen</b>		Date of Receipt
Mailing Address 19 Linda Ln		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City Hampton Bays	State NY	Zip Code 11946-2201
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4017763</b>
Name of Employer OPEIU		Amount of Each Receipt this Period
Occupation asst. to the president		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="260.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 259 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Linda Ln

City Hampton Bays State NY Zip Code 11946-2201

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

Name of Employer OPEIU Occupation asst. to the president

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  
**11 / 08 / 2011**

**Transaction ID : C4372671**

Amount of Each Receipt this Period  
**200.00**

**B. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Linda Ln

City Hampton Bays State NY Zip Code 11946-2201

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

Name of Employer OPEIU Occupation asst. to the president

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  
**12 / 16 / 2011**

**Transaction ID : C4400923**

Amount of Each Receipt this Period  
**30.00**

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

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947353**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 379
	<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. Francisco M Perez**  
Full Name (Last, First, Middle Initial)

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 ▼ **600.00**

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3947354**

Amount of Each Receipt this Period  
**100.00**

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

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 ▼ **600.00**

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3947355**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 180 Waterman Ave Apt 423

City North Providence State RI Zip Code 02911

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**11 / 16 / 2011**

**Transaction ID : C4385029**

Amount of Each Receipt this Period  
**100.00**

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

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

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

FOR LINE NUMBER: PAGE 261 OF 379  
(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. Francisco M Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 Waterman Ave Apt 423  
 City North Providence State RI Zip Code 02911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2011  
**Transaction ID : C4386865**  
 Amount of Each Receipt this Period 100.00

**B. Francisco M Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 Waterman Ave Apt 423  
 City North Providence State RI Zip Code 02911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4461615**  
 Amount of Each Receipt this Period 100.00

**C. Francisco M Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 Waterman Ave Apt 423  
 City North Providence State RI Zip Code 02911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : C4463723**  
 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 262 OF 379
	<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. Francisco M Perez**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Waterman Ave Apt 423

City North Providence State RI Zip Code 02911

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4465865**

Amount of Each Receipt this Period  
**100.00**

**B. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City Barrackville State WV Zip Code 26559

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943451**

Amount of Each Receipt this Period  
**20.00**

**C. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City Barrackville State WV Zip Code 26559

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943452**

Amount of Each Receipt this Period  
**20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 263 OF 379
<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. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City Barrackville	State WV	Zip Code 26559
----------------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3943453**

Amount of Each Receipt this Period  

20.00
-------

**B. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City Barrackville	State WV	Zip Code 26559
----------------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383061**

Amount of Each Receipt this Period  

20.00
-------

**C. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City Barrackville	State WV	Zip Code 26559
----------------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385204**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 OF 379
	<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) <b>A. Daniel S Phares</b>		Date of Receipt
Mailing Address Po Box 625		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Barrackville	WV	26559
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4460232</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
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="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Daniel S Phares</b>		Date of Receipt
Mailing Address Po Box 625		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Barrackville	WV	26559
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4462515</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
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="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Daniel S Phares</b>		Date of Receipt
Mailing Address Po Box 625		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Barrackville	WV	26559
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4464819</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
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="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>



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

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

FOR LINE NUMBER: PAGE 265 OF 379  
(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. Earnest T Powers**

Mailing Address 129 Laurel Crest Dr

City Wexford State PA Zip Code 15090

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

Name of Employer Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3949160**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 129 Laurel Crest Dr

City Wexford State PA Zip Code 15090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3949161**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Earnest T Powers**

Mailing Address 129 Laurel Crest Dr

City Wexford State PA Zip Code 15090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3949162**

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 266 OF 379
	<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. Earnest T Powers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 409 Hays Blvd  
City Lexington State KY Zip Code 40509  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4387132**  
Amount of Each Receipt this Period  
100.00

**B. Earnest T Powers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 409 Hays Blvd  
City Lexington State KY Zip Code 40509  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4461833**  
Amount of Each Receipt this Period  
100.00

**C. Earnest T Powers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 409 Hays Blvd  
City Lexington State KY Zip Code 40509  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4463881**  
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 267 OF 379
	<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) <b>A. Earnest T Powers</b>		Date of Receipt
Mailing Address 409 Hays Blvd		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Lexington	State KY	Zip Code 40509
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4465979</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Suzanne Powroznick</b>		Date of Receipt
Mailing Address 818 Appomattox St		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Hopewell	State VA	Zip Code 23860
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3942272</b>
Name of Employer CWA Local 2201		Amount of Each Receipt this Period
Occupation staff		<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="461.76"/>	

Full Name (Last, First, Middle Initial) <b>C. Suzanne Powroznick</b>		Date of Receipt
Mailing Address 818 Appomattox St		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Hopewell	State VA	Zip Code 23860
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3960811</b>
Name of Employer CWA Local 2201		Amount of Each Receipt this Period
Occupation staff		<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="461.76"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="176.96"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 379
	<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. Suzanne Powroznick**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

FEC ID number of contributing federal political committee. **C**

Name of Employer CWA Local 2201 Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : C4279613**

Amount of Each Receipt this Period  
 76.96

**B. Suzanne Powroznick**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

FEC ID number of contributing federal political committee. **C**

Name of Employer CWA Local 2201 Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4372747**

Amount of Each Receipt this Period  
 76.96

**C. Suzanne Powroznick**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

FEC ID number of contributing federal political committee. **C**

Name of Employer CWA Local 2201 Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2011  
**Transaction ID : C4400914**

Amount of Each Receipt this Period  
 38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 192.40

**TOTAL** This Period (last page this line 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 269 OF 379
	<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. Philip Prata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Van Buren St  
City Newark State NJ Zip Code 07105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3947356**  
Amount of Each Receipt this Period **100.00**

**B. Philip Prata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Van Buren St  
City Newark State NJ Zip Code 07105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3947357**  
Amount of Each Receipt this Period **100.00**

**C. Philip Prata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Van Buren St  
City Newark State NJ Zip Code 07105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3947358**  
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 270 OF 379
	<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. Philip Prata**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Van Buren St

City Newark State NJ Zip Code 07105

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance 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  
 11 / 16 / 2011  
**Transaction ID : C4384931**

Amount of Each Receipt this Period  
 100.00

**B. Philip Prata**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Van Buren St

City Newark State NJ Zip Code 07105

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance 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  
 11 / 16 / 2011  
**Transaction ID : C4386784**

Amount of Each Receipt this Period  
 100.00

**C. Philip Prata**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Van Buren St

City Newark State NJ Zip Code 07105

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance 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  
 11 / 16 / 2011  
**Transaction ID : C4388519**

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 271 OF 379  
(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. Philip Prata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Van Buren St

City Newark State NJ Zip Code 07105

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4461553**

Amount of Each Receipt this Period  
100.00

**B. Philip Prata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Van Buren St

City Newark State NJ Zip Code 07105

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4463676**

Amount of Each Receipt this Period  
100.00

**C. Philip Prata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Van Buren St

City Newark State NJ Zip Code 07105

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4465824**

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 272 OF 379
	<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. David T Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Rawson Ave

City Sanger	State CA	Zip Code 93657
----------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947173**

Amount of Each Receipt this Period  

20.00
-------

**B. David T Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Rawson Ave

City Sanger	State CA	Zip Code 93657
----------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947174**

Amount of Each Receipt this Period  

20.00
-------

**C. David T Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Rawson Ave

City Sanger	State CA	Zip Code 93657
----------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947175**

Amount of Each Receipt this Period  

20.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 379
	<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. David T Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Rawson Ave

City Sanger State CA Zip Code 93657

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4383924**

Amount of Each Receipt this Period  
**20.00**

**B. David T Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Rawson Ave

City Sanger State CA Zip Code 93657

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4385991**

Amount of Each Receipt this Period  
**20.00**

**C. David T Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Rawson Ave

City Sanger State CA Zip Code 93657

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4460953**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**

**TOTAL** This Period (last page this line 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 274 OF 379
	<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. David T Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Rawson Ave

City Sanger	State CA	Zip Code 93657
----------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463188**

Amount of Each Receipt this Period  
20.00

**B. David T Ramirez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 Rawson Ave

City Sanger	State CA	Zip Code 93657
----------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465415**

Amount of Each Receipt this Period  
20.00

**C. Scott J Rehberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 1153 Thistle Ln

City Lebanon	State OH	Zip Code 45036
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
880.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947264**

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 379  
(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. Scott J Rehberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1153 Thistle Ln  
 City Lebanon State OH Zip Code 45036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947265**  
 Amount of Each Receipt this Period  
 80.00

**B. Scott J Rehberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1153 Thistle Ln  
 City Lebanon State OH Zip Code 45036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947266**  
 Amount of Each Receipt this Period  
 80.00

**C. Scott J Rehberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1153 Thistle Ln  
 City Lebanon State OH Zip Code 45036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383951**  
 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:	PAGE 276 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Scott J Rehberg</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4386018</b>
Mailing Address 1153 Thistle Ln			Amount of Each Receipt this Period 80.00
City Lebanon	State OH	Zip Code 45036	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 880.00
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) ▼			

Full Name (Last, First, Middle Initial) <b>B. Scott J Rehberg</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4460979</b>
Mailing Address 1153 Thistle Ln			Amount of Each Receipt this Period 80.00
City Lebanon	State OH	Zip Code 45036	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 880.00
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) ▼			

Full Name (Last, First, Middle Initial) <b>C. Scott J Rehberg</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4463214</b>
Mailing Address 1153 Thistle Ln			Amount of Each Receipt this Period 80.00
City Lebanon	State OH	Zip Code 45036	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 880.00
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 277 OF 379
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

**A. Scott J Rehberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt **12 / 29 / 2011**

**Transaction ID : C4465440**

Amount of Each Receipt this Period **80.00**

**B. Marc E Rosen**  
Full Name (Last, First, Middle Initial)

Mailing Address 96 Rivington Ave

City Staten Island State NY Zip Code 10314

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **07 / 18 / 2011**

**Transaction ID : C3943564**

Amount of Each Receipt this Period **-600.00**

**C. Marc E Rosen**  
Full Name (Last, First, Middle Initial)

Mailing Address 96 Rivington Ave

City Staten Island State NY Zip Code 10314

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **07 / 18 / 2011**

**Transaction ID : C3943565**

Amount of Each Receipt this Period **600.00**

**SUBTOTAL** of Receipts This Page (optional)..... **80.00**

**TOTAL** This Period (last page this line 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 278 OF 379  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

**A. Edward D Rubio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15508 Sugar Loaf Dr  
 City Edmond State OK Zip Code 73013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3949065**  
 Amount of Each Receipt this Period  
 100.00

**B. Edward D Rubio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15508 Sugar Loaf Dr  
 City Edmond State OK Zip Code 73013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3949066**  
 Amount of Each Receipt this Period  
 100.00

**C. Edward D Rubio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15508 Sugar Loaf Dr  
 City Edmond State OK Zip Code 73013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4384319**  
 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 279 OF 379
	<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. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
11 / 16 / 2011  
**Transaction ID : C4386319**  
Amount of Each Receipt this Period  
100.00

**B. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4461223**  
Amount of Each Receipt this Period  
100.00

**C. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4463420**  
Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 379
	<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. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **12 / 29 / 2011**  
**Transaction ID : C4465628**  
Amount of Each Receipt this Period **100.00**

**B. Tamara Rubyn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 149  
City Carmichael State CA Zip Code 95609-0149  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 29 Occupation President/Business Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt **07 / 18 / 2011**  
**Transaction ID : C3950055**  
Amount of Each Receipt this Period **50.00**

**C. Tamara Rubyn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 149  
City Carmichael State CA Zip Code 95609-0149  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 29 Occupation President/Business Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt **09 / 15 / 2011**  
**Transaction ID : C3995839**  
Amount of Each Receipt this Period **40.00**

**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 281 OF 379
	<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. 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 ▼ **520.00**

Date of Receipt  
**09 / 28 / 2011**

**Transaction ID : C4003220**

Amount of Each Receipt this Period  
**40.00**

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 ▼ **520.00**

Date of Receipt  
**10 / 14 / 2011**

**Transaction ID : C4048705**

Amount of Each Receipt this Period  
**40.00**

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 ▼ **520.00**

Date of Receipt  
**11 / 16 / 2011**

**Transaction ID : C4372748**

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 282 OF 379
	<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) <b>A. Tamara Rubyn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2011 <b>Transaction ID : C4468598</b>
Mailing Address PO Box 149		Amount of Each Receipt this Period 400.00
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 ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Paul D Rumbuc</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943526</b>
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 ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>C. Paul D Rumbuc</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2011 <b>Transaction ID : C3943527</b>
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 ▼ 4200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 379
	<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. Paul D Rumbuc**  
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Magnoloia Ct

City Oakland Township State MI Zip Code 48363

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3943528**

Amount of Each Receipt this Period  
 400.00

**B. Paul D Rumbuc**  
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Magnoloia Ct

City Oakland Township State MI Zip Code 48363

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4383079**

Amount of Each Receipt this Period  
 400.00

**C. Paul D Rumbuc**  
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Magnoloia Ct

City Oakland Township State MI Zip Code 48363

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4385222**

Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 284 OF 379  
(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) <b>A. Paul D Rumbuc</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>16</td> <td>/</td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	16	/	2011
M M M	/	D D D	/	Y Y Y Y Y Y									
11	/	16	/	2011									
Mailing Address 3570 Magnolia Ct			<b>Transaction ID : C4388598</b>										
City Oakland Township	State MI	Zip Code 48363	Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> </tr> </table>	400.00									
400.00													
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 ▼ <table border="1"> <tr> <td>4200.00</td> </tr> </table>	4200.00											
4200.00													

Full Name (Last, First, Middle Initial) <b>B. Paul D Rumbuc</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>29</td> <td>/</td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	29	/	2011
M M M	/	D D D	/	Y Y Y Y Y Y									
12	/	29	/	2011									
Mailing Address 3570 Magnolia Ct			<b>Transaction ID : C4460247</b>										
City Oakland Township	State MI	Zip Code 48363	Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> </tr> </table>	400.00									
400.00													
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 ▼ <table border="1"> <tr> <td>4200.00</td> </tr> </table>	4200.00											
4200.00													

Full Name (Last, First, Middle Initial) <b>C. Paul D Rumbuc</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>29</td> <td>/</td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	29	/	2011
M M M	/	D D D	/	Y Y Y Y Y Y									
12	/	29	/	2011									
Mailing Address 3570 Magnolia Ct			<b>Transaction ID : C4462531</b>										
City Oakland Township	State MI	Zip Code 48363	Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> </tr> </table>	400.00									
400.00													
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 ▼ <table border="1"> <tr> <td>4200.00</td> </tr> </table>	4200.00											
4200.00													

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>1200.00</td> </tr> </table>	1200.00
1200.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 379  
(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. Paul D Rumbuc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Magnolia Ct  
 City State Zip Code  
 Oakland Township MI 48363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4464835**  
 Amount of Each Receipt this Period  
 400.00

**B. Patricia Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 14841  
 City State Zip Code  
 Oakland CA 94614-0841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCAL 29 Secretary-Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3950058**  
 Amount of Each Receipt this Period  
 50.00

**C. Patricia Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 14841  
 City State Zip Code  
 Oakland CA 94614-0841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCAL 29 Secretary-Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011  
**Transaction ID : C3995846**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 490.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 379
	<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) <b>A. Patricia Sanchez</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2011 <b>Transaction ID : C4003244</b>
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 ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Sanchez</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 <b>Transaction ID : C4048707</b>
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 ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia Sanchez</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4372750</b>
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 ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 379
	<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. Patricia Sanchez**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 14841

City Oakland	State CA	Zip Code 94614-0841
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCAL 29	Occupation Secretary-Treasurer
------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2011

**Transaction ID : C4468600**

Amount of Each Receipt this Period  

40.00
-------

**B. William Sauers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 221 Lake Drive Blvd

City Sebring	State FL	Zip Code 33875
-----------------	-------------	-------------------

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 ▼ **216.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3944094**

Amount of Each Receipt this Period  

72.00
-------

**C. William Sauers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 221 Lake Drive Blvd

City Sebring	State FL	Zip Code 33875
-----------------	-------------	-------------------

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 ▼ **216.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4389061**

Amount of Each Receipt this Period  

72.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>184.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 288 OF 379
<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. William Sauers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 221 Lake Drive Blvd  
City Sebring State FL Zip Code 33875  
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 ▼ 216.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4462431**  
Amount of Each Receipt this Period  
72.00

**B. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2302 Summer Spring Dr  
City Spring State TX Zip Code 77373  
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 ▼ 275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947221**  
Amount of Each Receipt this Period  
25.00

**C. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2302 Summer Spring Dr  
City Spring State TX Zip Code 77373  
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 ▼ 275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947222**  
Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 289 OF 379  
(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. Tim D Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 Summer Spring Dr  
 City Spring State TX Zip Code 77373  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947223**  
 Amount of Each Receipt this Period  
 25.00

**B. Tim D Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 Summer Spring Dr  
 City Spring State TX Zip Code 77373  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383936**  
 Amount of Each Receipt this Period  
 25.00

**C. Tim D Schroeder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 Summer Spring Dr  
 City Spring State TX Zip Code 77373  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386003**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 379
	<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) <b>A. Tim D Schroeder</b>		Date of Receipt 12 / 29 / 2011 <b>Transaction ID : C4460965</b>
Mailing Address 2302 Summer Spring Dr		Amount of Each Receipt this Period 25.00
City Spring	State TX	Zip Code 77373
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 ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Tim D Schroeder</b>		Date of Receipt 12 / 29 / 2011 <b>Transaction ID : C4463200</b>
Mailing Address 2302 Summer Spring Dr		Amount of Each Receipt this Period 25.00
City Spring	State TX	Zip Code 77373
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 ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Tim D Schroeder</b>		Date of Receipt 12 / 29 / 2011 <b>Transaction ID : C4465427</b>
Mailing Address 2302 Summer Spring Dr		Amount of Each Receipt this Period 25.00
City Spring	State TX	Zip Code 77373
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 ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 291 OF 379  
(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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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. 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 ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947359**  
Amount of Each Receipt this Period  
100.00

**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 ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947360**  
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 ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2011  
**Transaction ID : C3947361**  
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 292 OF 379
	<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 33 Fairfield Pl

City Ft Thomas State KY Zip Code 41075

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 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  
**11 / 16 / 2011**

**Transaction ID : C4387133**

Amount of Each Receipt this Period  
**100.00**

**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 ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4383975**

Amount of Each Receipt this Period  
**100.00**

**C. Robert E Shafer**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Fairfield Pl

City Ft Thomas State KY Zip Code 41075

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 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  
**12 / 29 / 2011**

**Transaction ID : C4461834**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 379
	<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. Robert E Shafer**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Fairfield Pl

City Ft Thomas State KY Zip Code 41075

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 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  
**12 / 29 / 2011**

**Transaction ID : C4463882**

Amount of Each Receipt this Period  
**100.00**

**B. Robert E Shafer**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Fairfield Pl

City Ft Thomas State KY Zip Code 41075

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 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  
**12 / 29 / 2011**

**Transaction ID : C4465980**

Amount of Each Receipt this Period  
**100.00**

**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 ▼ **500.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3942317**

Amount of Each Receipt this Period  
**38.48**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>238.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 379
	<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. 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 ▼  
500.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2011

**Transaction ID : C3960796**

Amount of Each Receipt this Period  
38.48

**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 ▼  
500.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

**Transaction ID : C3999532**

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 ▼  
500.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : C4017760**

Amount of Each Receipt this Period  
38.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Donna Shaffer</b>		Date of Receipt
Mailing Address 17609 N 8th Ave		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Phoenix State AZ Zip Code 85023-2604		<b>Transaction ID : C4372661</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.48"/>
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 ▼ <input type="text" value="500.24"/>	

Full Name (Last, First, Middle Initial) <b>B. Donna Shaffer</b>		Date of Receipt
Mailing Address 17609 N 8th Ave		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Phoenix State AZ Zip Code 85023-2604		<b>Transaction ID : C4400920</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="57.72"/>
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 ▼ <input type="text" value="500.24"/>	

Full Name (Last, First, Middle Initial) <b>C. Elaina Sinner</b>		Date of Receipt
Mailing Address 4651 Salisbury Rd #440		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Jacksonville State FL Zip Code 32256		<b>Transaction ID : C3947362</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="196.20"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 296 OF 379 (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)**

**A. Elaina Sinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 4651 Salisbury Rd #440

City Jacksonville	State FL	Zip Code 32256
----------------------	-------------	-------------------

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 ▼ <b>400.00</b>

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3947363**

Amount of Each Receipt this Period  
**100.00**

**B. Elaina Sinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 4651 Salisbury Rd #440

City Jacksonville	State FL	Zip Code 32256
----------------------	-------------	-------------------

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 ▼ <b>400.00</b>

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3947364**

Amount of Each Receipt this Period  
**100.00**

**C. Elaina Sinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 7700 Sqare Lake Blvd

City Jacksonville	State FL	Zip Code 32256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>

Date of Receipt  
**11 / 16 / 2011**

**Transaction ID : C4384581**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

**A. Elaina Sinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7700 Squire Lake Blvd  
City Jacksonville State FL Zip Code 32256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2011  
**Transaction ID : C4386520**  
Amount of Each Receipt this Period  
100.00

**B. Elaina Sinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7700 Squire Lake Blvd  
City Jacksonville State FL Zip Code 32256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4461372**  
Amount of Each Receipt this Period  
100.00

**C. Elaina Sinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7700 Squire Lake Blvd  
City Jacksonville State FL Zip Code 32256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : C4463552**  
Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 379
	<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. Elaina Sinner**

Mailing Address 7700 Squire Lake Blvd

City Jacksonville State FL Zip Code 32256

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4465734**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Beth E Snow**

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 ▼ **882.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947267**

Amount of Each Receipt this Period  
**80.00**

Full Name (Last, First, Middle Initial)  
**C. Beth E Snow**

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 ▼ **882.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947268**

Amount of Each Receipt this Period  
**80.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 299 OF 379  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

**A. Beth E Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4313 Whitehoof Way  
 City Antioch State CA Zip Code 94531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 882.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947269**  
 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 ▼ 882.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383952**  
 Amount of Each Receipt this Period  
 80.00

**C. Beth E Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4313 Whitehoof Way  
 City Antioch State CA Zip Code 94531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 882.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386019**  
 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 300 OF 379
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**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 **882.00**

Date of Receipt  
 12 / 29 / 2011  
**Transaction ID : C4460980**  
 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 **882.00**

Date of Receipt  
 12 / 29 / 2011  
**Transaction ID : C4463215**  
 Amount of Each Receipt this Period  
**80.00**

**C. Beth E Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4313 Whitehoof Way  
 City Antioch State CA Zip Code 94531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **882.00**

Date of Receipt  
 12 / 29 / 2011  
**Transaction ID : C4465441**  
 Amount of Each Receipt this Period  
**80.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 379
	<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	State	Zip Code
Danville	CA	94506

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 ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947276**

Amount of Each Receipt this Period  

80.00
-------

**B. Curt D Snow**  
Full Name (Last, First, Middle Initial)

Mailing Address 827 Buckingham Place

City	State	Zip Code
Danville	CA	94506

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 ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947277**

Amount of Each Receipt this Period  

80.00
-------

**C. Curt D Snow**  
Full Name (Last, First, Middle Initial)

Mailing Address 827 Buckingham Place

City	State	Zip Code
Danville	CA	94506

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 ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947278**

Amount of Each Receipt this Period  

80.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 OF 379  
(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. Curt D Snow**

Mailing Address 827 Buckingham Place

City Danville State CA Zip Code 94506

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt  
**11 / 16 / 2011**

**Transaction ID : C4383954**

Amount of Each Receipt this Period  
**80.00**

Full Name (Last, First, Middle Initial)  
**B. Curt D Snow**

Mailing Address 827 Buckingham Place

City Danville State CA Zip Code 94506

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt  
**11 / 16 / 2011**

**Transaction ID : C4386021**

Amount of Each Receipt this Period  
**80.00**

Full Name (Last, First, Middle Initial)  
**C. Curt D Snow**

Mailing Address 827 Buckingham Place

City Danville State CA Zip Code 94506

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt  
**12 / 29 / 2011**

**Transaction ID : C4460982**

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 303 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Curt D Snow**

Mailing Address 827 Buckingham Place

City	State	Zip Code
Danville	CA	94506

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 ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463217**

Amount of Each Receipt this Period  

80.00
-------

Full Name (Last, First, Middle Initial)  
**B. Curt D Snow**

Mailing Address 827 Buckingham Place

City	State	Zip Code
Danville	CA	94506

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 ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465443**

Amount of Each Receipt this Period  

80.00
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Full Name (Last, First, Middle Initial)  
**C. Scott E Sonnenberg**

Mailing Address 236 Leaf Ln

City	State	Zip Code
Alabaster	AL	35007

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 ▼ **1100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947365**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 304 OF 379
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

**A. Scott E Sonnenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947366**

Amount of Each Receipt this Period  
**100.00**

**B. Scott E Sonnenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3947367**

Amount of Each Receipt this Period  
**100.00**

**C. Scott E Sonnenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4383976**

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 305 OF 379
	<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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4386042**

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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4460999**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Scott E Sonnenberg**

Mailing Address 236 Leaf Ln

City Alabaster State AL Zip Code 35007

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4463232**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 379
	<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 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 ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4465457**

Amount of Each Receipt this Period  
**100.00**

**B. Rona Spano**  
Full Name (Last, First, Middle Initial)

Mailing Address 8225 Bailey Rd

City Darien State IL Zip Code 60561

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943294**

Amount of Each Receipt this Period  
**20.00**

**C. Rona Spano**  
Full Name (Last, First, Middle Initial)

Mailing Address 8225 Bailey Rd

City Darien State IL Zip Code 60561

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3943295**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **140.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 307 OF 379  
(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. Rona Spano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8225 Bailey Rd  
 City Darien State IL Zip Code 60561  
 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3943296**  
 Amount of Each Receipt this Period  
 20.00

**B. Rona Spano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8225 Bailey Rd  
 City Darien State IL Zip Code 60561  
 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383016**  
 Amount of Each Receipt this Period  
 20.00

**C. Rona Spano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8225 Bailey Rd  
 City Darien State IL Zip Code 60561  
 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4385161**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line 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 308 OF 379
<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. Rona Spano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8225 Bailey Rd  
City Darien State IL Zip Code 60561  
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 ▼ 220.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4460187**  
Amount of Each Receipt this Period  
20.00

**B. Rona Spano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8225 Bailey Rd  
City Darien State IL Zip Code 60561  
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 ▼ 220.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4462471**  
Amount of Each Receipt this Period  
20.00

**C. Rona Spano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8225 Bailey Rd  
City Darien State IL Zip Code 60561  
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 ▼ 220.00

Date of Receipt  
12 / 29 / 2011  
**Transaction ID : C4464775**  
Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line 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 309 OF 379
	<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. John C Sparby**  
Full Name (Last, First, Middle Initial)

Mailing Address 5191 183Rd St W

City Farmington State MN Zip Code 55024

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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947253**

Amount of Each Receipt this Period  
 40.00

**B. John C Sparby**  
Full Name (Last, First, Middle Initial)

Mailing Address 5191 183Rd St W

City Farmington State MN Zip Code 55024

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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947254**

Amount of Each Receipt this Period  
 40.00

**c. John C Sparby**  
Full Name (Last, First, Middle Initial)

Mailing Address 5191 183Rd St W

City Farmington State MN Zip Code 55024

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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947255**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 310 OF 379  
(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. John C Sparby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5191 183Rd St W  
 City Farmington State MN Zip Code 55024  
 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383948**  
 Amount of Each Receipt this Period  
 40.00

**B. John C Sparby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5191 183Rd St W  
 City Farmington State MN Zip Code 55024  
 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386015**  
 Amount of Each Receipt this Period  
 40.00

**c. John C Sparby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5191 183Rd St W  
 City Farmington State MN Zip Code 55024  
 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460977**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 311 OF 379  
(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. John C Sparby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5191 183Rd St W  
 City Farmington State MN Zip Code 55024  
 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463211**  
 Amount of Each Receipt this Period  
 40.00

**B. John C Sparby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5191 183Rd St W  
 City Farmington State MN Zip Code 55024  
 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465438**  
 Amount of Each Receipt this Period  
 40.00

**C. Patrick X Stenglein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2253 Verde Cape Ave  
 City Henderson State NV Zip Code 89052  
 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  
 07 / 18 / 2011  
**Transaction ID : C3947182**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 312 OF 379  
(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)**

**A. Patrick X Stenglein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2253 Verde Cape Ave  
City Henderson State NV Zip Code 89052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 18 / 2011  
**Transaction ID : C3947183**  
Amount of Each Receipt this Period 20.00

**B. Patrick X Stenglein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2253 Verde Cape Ave  
City Henderson State NV Zip Code 89052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 18 / 2011  
**Transaction ID : C3947184**  
Amount of Each Receipt this Period 20.00

**C. Patrick X Stenglein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2253 Verde Cape Ave  
City Henderson State NV Zip Code 89052  
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 11 / 16 / 2011  
**Transaction ID : C4383926**  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line 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 313 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Patrick X Stenglein</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4385993</b>		
Mailing Address 2253 Verde Cape Ave			Amount of Each Receipt this Period 20.00		
City Henderson	State NV	Zip Code 89052			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name (Last, First, Middle Initial) <b>B. Patrick X Stenglein</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4388717</b>		
Mailing Address 2253 Verde Cape Ave			Amount of Each Receipt this Period 20.00		
City Henderson	State NV	Zip Code 89052			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name (Last, First, Middle Initial) <b>C. Patrick X Stenglein</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 <b>Transaction ID : C4460955</b>		
Mailing Address 2253 Verde Cape Ave			Amount of Each Receipt this Period 20.00		
City Henderson	State NV	Zip Code 89052			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 314 OF 379
	<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. Patrick X Stenglein**  
Full Name (Last, First, Middle Initial)

Mailing Address 2253 Verde Cape Ave

City Henderson State NV Zip Code 89052

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  
 12 / 29 / 2011  
**Transaction ID : C4463190**

Amount of Each Receipt this Period  
**20.00**

**B. Patrick X Stenglein**  
Full Name (Last, First, Middle Initial)

Mailing Address 2253 Verde Cape Ave

City Henderson State NV Zip Code 89052

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  
 12 / 29 / 2011  
**Transaction ID : C4465417**

Amount of Each Receipt this Period  
**20.00**

**c. 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 ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947371**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 379
	<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	State	Zip Code
Santa Fe Springs	CA	90670

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947372**

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	State	Zip Code
Santa Fe Springs	CA	90670

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947373**

Amount of Each Receipt this Period  

100.00
--------

**C. Ryan J Stenglein**  
Full Name (Last, First, Middle Initial)

Mailing Address 12631 E Imperial Hwy Ste F132

City	State	Zip Code
Santa Fe Springs	CA	90670

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383977**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 379
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

**A. Christopher 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 ▼  
480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3943809**

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 ▼  
480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3943810**

Amount of Each Receipt this Period  
80.00

**C. 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 ▼  
480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3943811**

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:	PAGE 317 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. James M Surace</b>		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Cleveland State OH Zip Code 44133		<b>Transaction ID : C3943982</b>
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 Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3752.00"/>	

Full Name (Last, First, Middle Initial) <b>B. James M Surace</b>		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Cleveland State OH Zip Code 44133		<b>Transaction ID : C3943983</b>
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 Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3752.00"/>	

Full Name (Last, First, Middle Initial) <b>C. James M Surace</b>		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Cleveland State OH Zip Code 44133		<b>Transaction ID : C3943984</b>
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 Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3752.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1248.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 379
	<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. 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 ▼ **3752.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4383184**

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 ▼ **3752.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4385327**

Amount of Each Receipt this Period  
**416.00**

**C. James M Surace**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 208

City Waco State TX Zip Code 76703

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4388742**

Amount of Each Receipt this Period  
**416.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1248.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 319 OF 379  
(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. James M Surace**

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 ▼ **3752.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460348**

Amount of Each Receipt this Period  
**416.00**

Full Name (Last, First, Middle Initial)  
**B. James M Surace**

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 ▼ **3752.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4462627**

Amount of Each Receipt this Period  
**416.00**

Full Name (Last, First, Middle Initial)  
**C. James M Surace**

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 ▼ **3752.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4464928**

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 320 OF 379
	<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) <b>A. Lily T Tchen</b>			Date of Receipt
Mailing Address 5481 Myra Ave			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C3947191</b>
Cypress	CA	90630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
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="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Lily T Tchen</b>			Date of Receipt
Mailing Address 5481 Myra Ave			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C3947192</b>
Cypress	CA	90630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
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="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lily T Tchen</b>			Date of Receipt
Mailing Address 5481 Myra Ave			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C3947193</b>
Cypress	CA	90630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
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="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 321 OF 379  
(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. Lily T Tchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5481 Myra Ave  
 City Cypress State CA Zip Code 90630  
 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4383928**  
 Amount of Each Receipt this Period  
 20.00

**B. Lily T Tchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5481 Myra Ave  
 City Cypress State CA Zip Code 90630  
 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4385995**  
 Amount of Each Receipt this Period  
 20.00

**C. Lily T Tchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5481 Myra Ave  
 City Cypress State CA Zip Code 90630  
 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460957**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line 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 322 OF 379
	<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) <b>A. Lily T Tchen</b>		Date of Receipt
Mailing Address 5481 Myra Ave		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Cypress	State CA	Zip Code 90630
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4463192</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="220.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Lily T Tchen</b>		Date of Receipt
Mailing Address 5481 Myra Ave		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Cypress	State CA	Zip Code 90630
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4465419</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="220.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Randy E Teyssier</b>		Date of Receipt
Mailing Address 2716 Nw 171St St		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Edmond	State OK	Zip Code 73012
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3947405</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Ins. Agent		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1800.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> 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 323 OF 379
	<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. Randy E Teyssier**  
Full Name (Last, First, Middle Initial)

Mailing Address 2716 Nw 171St St

City Edmond State OK Zip Code 73012

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 ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947406**

Amount of Each Receipt this Period  
 200.00

**B. Randy E Teyssier**  
Full Name (Last, First, Middle Initial)

Mailing Address 2716 Nw 171St St

City Edmond State OK Zip Code 73012

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 ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011

**Transaction ID : C3947407**

Amount of Each Receipt this Period  
 200.00

**C. Randy E Teyssier**  
Full Name (Last, First, Middle Initial)

Mailing Address 2716 Nw 171St St

City Edmond State OK Zip Code 73012

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 ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4383987**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 379
	<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) <b>A. Randy E Teyssier</b>		Date of Receipt
Mailing Address 2716 Nw 171St St		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Edmond	OK	73012
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4386052</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Ins. Agent	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Randy E Teyssier</b>		Date of Receipt
Mailing Address 2716 Nw 171St St		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Edmond	OK	73012
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4461008</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Ins. Agent	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Randy E Teyssier</b>		Date of Receipt
Mailing Address 404 Jack Pine Ct		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Gibsonia	PA	15044
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4464682</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Insurance Agent	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 325 OF 379
	<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. Randy E Teyssier**  
Full Name (Last, First, Middle Initial)

Mailing Address 404 Jack Pine Ct

City Gibsonia State PA Zip Code 15044

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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : C4466556**

Amount of Each Receipt this Period  
**200.00**

**B. Jeffery P Thiel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1790 Westmeade Dr

City Chesterfield State MO Zip Code 63017

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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948770**

Amount of Each Receipt this Period  
**100.00**

**C. Jeffery P Thiel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1790 Westmeade Dr

City Chesterfield State MO Zip Code 63017

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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948771**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 326 OF 379
	<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 P Thiel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1790 Westmeade Dr

City Chesterfield State MO Zip Code 63017

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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2011**

**Transaction ID : C3948772**

Amount of Each Receipt this Period  
**100.00**

**B. Jeffery P Thiel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1790 Westmeade Dr

City Chesterfield State MO Zip Code 63017

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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4384276**

Amount of Each Receipt this Period  
**100.00**

**C. Jeffery P Thiel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1790 Westmeade Dr

City Chesterfield State MO Zip Code 63017

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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : C4386280**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 327 OF 379  
(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. Jeffery P Thiel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1790 Westmeade Dr  
 City State Zip Code  
 Chesterfield MO 63017  
 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 ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4461190**  
 Amount of Each Receipt this Period  
 100.00

**B. Jeffery P Thiel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1790 Westmeade Dr  
 City State Zip Code  
 Chesterfield MO 63017  
 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 ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463391**  
 Amount of Each Receipt this Period  
 100.00

**C. Jeffery P Thiel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1790 Westmeade Dr  
 City State Zip Code  
 Chesterfield MO 63017  
 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 ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465601**  
 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 328 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Krista M Thieme</b>		Date of Receipt
Mailing Address 16825 N 14Th St #93		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City State Zip Code Phoenix AZ 85022		<b>Transaction ID : C3947224</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation American Income Life Ins. Insurance Agent		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Krista M Thieme</b>		Date of Receipt
Mailing Address 16825 N 14Th St #93		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City State Zip Code Phoenix AZ 85022		<b>Transaction ID : C3947225</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation American Income Life Ins. Insurance Agent		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Krista M Thieme</b>		Date of Receipt
Mailing Address 16825 N 14Th St #93		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City State Zip Code Phoenix AZ 85022		<b>Transaction ID : C3947226</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation American Income Life Ins. Insurance Agent		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="275.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 329 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Krista M Thieme</b>		Date of Receipt
Mailing Address 16825 N 14Th St #93		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Phoenix	State AZ	Zip Code 85022
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4383937</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="275.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Krista M Thieme</b>		Date of Receipt
Mailing Address 16825 N 14Th St #93		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Phoenix	State AZ	Zip Code 85022
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4386004</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="275.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Krista M Thieme</b>		Date of Receipt
Mailing Address 16825 N 14Th St #93		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Phoenix	State AZ	Zip Code 85022
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4460966</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="275.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 379
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Krista M Thieme</b>		Date of Receipt 12 / 29 / 2011 <b>Transaction ID : C4463201</b>
Mailing Address 16825 N 14Th St #93		Amount of Each Receipt this Period 25.00
City Phoenix	State AZ	Zip Code 85022
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 275.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Krista M Thieme</b>		Date of Receipt 12 / 29 / 2011 <b>Transaction ID : C4465428</b>
Mailing Address 16825 N 14Th St #93		Amount of Each Receipt this Period 25.00
City Phoenix	State AZ	Zip Code 85022
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 275.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Becky Turner</b>		Date of Receipt 07 / 18 / 2011 <b>Transaction ID : C3942324</b>
Mailing Address 704 Royal View Ct		Amount of Each Receipt this Period 250.00
City Weatherford	State TX	Zip Code 76086
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer LOCAL 277	Occupation President/Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 OF 379  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Robert A Ulreich**

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3943264**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Robert A Ulreich**

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3943265**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Robert A Ulreich**

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**07 / 18 / 2011**

**Transaction ID : C3943266**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 332 OF 379
	<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) <b>A. Robert A Ulreich</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4383008</b>
Mailing Address 180 Vista Del Mor		Amount of Each Receipt this Period 25.00
City San Rafael	State CA	Zip Code 94901
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <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>B. Robert A Ulreich</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4385149</b>
Mailing Address 180 Vista Del Mor		Amount of Each Receipt this Period 25.00
City San Rafael	State CA	Zip Code 94901
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <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>C. Robert A Ulreich</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C4388814</b>
Mailing Address 180 Vista Del Mor		Amount of Each Receipt this Period 25.00
City San Rafael	State CA	Zip Code 94901
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 333 OF 379
	<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 A Ulreich**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460177**

Amount of Each Receipt this Period  
**25.00**

**B. Robert A Ulreich**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4462461**

Amount of Each Receipt this Period  
**25.00**

**C. Robert A Ulreich**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Vista Del Mor

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4464766**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 334 OF 379
	<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) <b>A. Dustin W Venekamp</b>			Date of Receipt
Mailing Address 1004 Division St #301			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C3947374</b>
Billings	MT	59101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dustin W Venekamp</b>			Date of Receipt
Mailing Address 1004 Division St #301			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C3947375</b>
Billings	MT	59101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dustin W Venekamp</b>			Date of Receipt
Mailing Address 1004 Division St #301			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : C3947376</b>
Billings	MT	59101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Ins.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 335 OF 379
	<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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383979**

Amount of Each Receipt this Period  
100.00

**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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4386043**

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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4461000**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 336 OF 379
	<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	State	Zip Code
Billings	MT	59101

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
American Income Life Ins.	Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463233**

Amount of Each Receipt this Period  
100.00

**B. Dustin W Venekamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 1004 Division St #301

City	State	Zip Code
Billings	MT	59101

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
American Income Life Ins.	Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465458**

Amount of Each Receipt this Period  
100.00

**C. Will P Verbeten**  
Full Name (Last, First, Middle Initial)

Mailing Address 8035 W Oklahoma Ave #8

City	State	Zip Code
Milwaukee	WI	53219

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947194**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 337 OF 379
	<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. Will P Verbeten**  
Full Name (Last, First, Middle Initial)

Mailing Address 8035 W Oklahoma Ave #8

City Milwaukee	State WI	Zip Code 53219
-------------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947195**

Amount of Each Receipt this Period  

20.00
-------

**B. Will P Verbeten**  
Full Name (Last, First, Middle Initial)

Mailing Address 8035 W Oklahoma Ave #8

City Milwaukee	State WI	Zip Code 53219
-------------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947196**

Amount of Each Receipt this Period  

20.00
-------

**C. Will P Verbeten**  
Full Name (Last, First, Middle Initial)

Mailing Address 8035 W Oklahoma Ave #8

City Milwaukee	State WI	Zip Code 53219
-------------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383930**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 338 OF 379
	<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. Will P Verbeten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8035 W Oklahoma Ave #8

City Milwaukee	State WI	Zip Code 53219
-------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4385997**

Amount of Each Receipt this Period  

20.00
-------

**B. Will P Verbeten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8035 W Oklahoma Ave #8

City Milwaukee	State WI	Zip Code 53219
-------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4460959**

Amount of Each Receipt this Period  

20.00
-------

**C. Will P Verbeten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8035 W Oklahoma Ave #8

City Milwaukee	State WI	Zip Code 53219
-------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463194**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 339 OF 379
	<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. Will P Verbeten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8035 W Oklahoma Ave #8

City Milwaukee	State WI	Zip Code 53219
-------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465421**

Amount of Each Receipt this Period  
20.00

**B. Daniel Walton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8017 Rosaberry Run

City Westerville	State OH	Zip Code 43081
---------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947200**

Amount of Each Receipt this Period  
20.00

**C. Daniel Walton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8017 Rosaberry Run

City Westerville	State OH	Zip Code 43081
---------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947201**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 340 OF 379
	<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) <b>A. Daniel Walton</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2011 <b>Transaction ID : C3947202</b>
Mailing Address 8017 Rosaberry Run		Amount of Each Receipt this Period 20.00
City Westerville	State OH	Zip Code 43081
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel Walton</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C4383932</b>
Mailing Address 8017 Rosaberry Run		Amount of Each Receipt this Period 20.00
City Westerville	State OH	Zip Code 43081
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Walton</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C4385999</b>
Mailing Address 8017 Rosaberry Run		Amount of Each Receipt this Period 20.00
City Westerville	State OH	Zip Code 43081
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 ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 341 OF 379  
(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. Daniel Walton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8017 Rosaberry Run  
 City State Zip Code  
 Westerville OH 43081  
 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 ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460961**  
 Amount of Each Receipt this Period  
 20.00

**B. Daniel Walton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8017 Rosaberry Run  
 City State Zip Code  
 Westerville OH 43081  
 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 ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4463196**  
 Amount of Each Receipt this Period  
 20.00

**C. Daniel Walton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8017 Rosaberry Run  
 City State Zip Code  
 Westerville OH 43081  
 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 ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4465423**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line 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 342 OF 379
	<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. 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 ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3943499**

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 ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3943500**

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 ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3943501**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 343 OF 379
	<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. 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4383075**

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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4385218**

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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011

**Transaction ID : C4388860**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 344 OF 379
	<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. 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4460245**

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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4462529**

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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C4464833**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 345 OF 379  
(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. Jami Weatherspoon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11559 Cumberland Rd Ste 200  
 City Fishers State IN Zip Code 46037  
 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  
 07 / 18 / 2011  
**Transaction ID : C3948190**  
 Amount of Each Receipt this Period  
 50.00

**B. Jami Weatherspoon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11559 Cumberland Rd Ste 200  
 City Fishers State IN Zip Code 46037  
 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  
 07 / 18 / 2011  
**Transaction ID : C3948191**  
 Amount of Each Receipt this Period  
 50.00

**C. Jami Weatherspoon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11559 Cumberland Rd Ste 200  
 City Fishers State IN Zip Code 46037  
 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  
 12 / 29 / 2011  
**Transaction ID : C4461153**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 346 OF 379
	<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. Jami Weatherspoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 11559 Cumberland Rd Ste 200

City Fishers	State IN	Zip Code 46037
-----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463359**

Amount of Each Receipt this Period  
50.00

**B. Jami Weatherspoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 11559 Cumberland Rd Ste 200

City Fishers	State IN	Zip Code 46037
-----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465573**

Amount of Each Receipt this Period  
50.00

**C. Jeremy Welch**  
Full Name (Last, First, Middle Initial)

Mailing Address 7609 Vestal Blvd Apt 30

City North Little Rock	State AR	Zip Code 72113
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947464**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 347 OF 379  
(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. Jeremy Welch**

Mailing Address 7609 Vestal Blvd Apt 30

City North Little Rock      State AR      Zip Code 72113

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested  
 Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3947465**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Jeremy Welch**

Mailing Address 7609 Vestal Blvd Apt 30

City North Little Rock      State AR      Zip Code 72113

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested  
 Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4384001**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Jeremy Welch**

Mailing Address 7609 Vestal Blvd Apt 30

City North Little Rock      State AR      Zip Code 72113

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested  
 Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C4386067**

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 348 OF 379
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Jeremy Welch</b>		Date of Receipt
Mailing Address 2010 Rebsamen Park Rd #305		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Little Rock	AR	72202
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4462031</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeremy Welch</b>		Date of Receipt
Mailing Address 2010 Rebsamen Park Rd #305		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Little Rock	AR	72202
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4464012</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeremy Welch</b>		Date of Receipt
Mailing Address 2010 Rebsamen Park Rd #305		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Little Rock	AR	72202
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4466069</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 349 OF 379  
(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. 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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2011  
**Transaction ID : C3949824**  
 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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2011  
**Transaction ID : C3960776**  
 Amount of Each Receipt this Period  
 50.00

**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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011  
**Transaction ID : C3995855**  
 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 350 OF 379
	<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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2011  
**Transaction ID : C4012388**  
 Amount of Each Receipt this Period  
 50.00

**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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : C4331918**  
 Amount of Each Receipt this Period  
 50.00

**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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : C4400650**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 351 OF 379
	<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) <b>A. Robe Whittinghill</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2011 <b>Transaction ID : C3947394</b>
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 ▼ 1650.00	

Full Name (Last, First, Middle Initial) <b>B. Robe Whittinghill</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2011 <b>Transaction ID : C3947395</b>
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 ▼ 1650.00	

Full Name (Last, First, Middle Initial) <b>C. Robe Whittinghill</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2011 <b>Transaction ID : C3947396</b>
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 ▼ 1650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 352 OF 379
	<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. Robe Whittinghill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2011

**Transaction ID : C4383985**

Amount of Each Receipt this Period  
150.00

**B. Robe Whittinghill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2011

**Transaction ID : C4386049**

Amount of Each Receipt this Period  
150.00

**C. Robe Whittinghill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		29		2011

**Transaction ID : C4461006**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 379
	<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. Robe Whittinghill**  
Full Name (Last, First, Middle Initial)

Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463239**

Amount of Each Receipt this Period  
150.00

**B. Robe Whittinghill**  
Full Name (Last, First, Middle Initial)

Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465464**

Amount of Each Receipt this Period  
150.00

**C. Cynthia J Wilhelmi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City Sioux Falls	State SD	Zip Code 57106
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947377**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 379
	<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. Cynthia J Wilhelmi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City State Zip Code  
Sioux Falls SD 57106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3947378**

Amount of Each Receipt this Period  
100.00

**B. Cynthia J Wilhelmi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City State Zip Code  
Sioux Falls SD 57106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3947379**

Amount of Each Receipt this Period  
100.00

**C. Cynthia J Wilhelmi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City State Zip Code  
Sioux Falls SD 57106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2011

**Transaction ID : C4383980**

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 355 OF 379
	<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) <b>A. Cynthia J Wilhelmi</b>		Date of Receipt
Mailing Address 2912 S Louise Ave #105		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Sioux Falls	SD	57106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
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="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : <b>C4386044</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. Cynthia J Wilhelmi</b>		Date of Receipt
Mailing Address 2912 S Louise Ave #105		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Sioux Falls	SD	57106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
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="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : <b>C4461001</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>C. Cynthia J Wilhelmi</b>		Date of Receipt
Mailing Address 2912 S Louise Ave #105		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Sioux Falls	SD	57106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
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="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : <b>C4463234</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 379
	<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. Cynthia J Wilhelmi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City Sioux Falls	State SD	Zip Code 57106
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465459**

Amount of Each Receipt this Period  
100.00

**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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947408**

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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947409**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 357 OF 379
	<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. 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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947410**

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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

**Transaction ID : C4383989**

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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

**Transaction ID : C4386053**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 358 OF 379
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**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 ▼  
2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4461010**

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 ▼  
2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4463241**

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 ▼  
2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : C4465466**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 379
	<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. Gevorg Yanukyan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947608**

Amount of Each Receipt this Period  

100.00
--------

**B. Gevorg Yanukyan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2011

**Transaction ID : C3947609**

Amount of Each Receipt this Period  

100.00
--------

**C. Gevorg Yanukyan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

**Transaction ID : C4384041**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 360 OF 379
	<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. Gevorg Yanukyan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4386101**

Amount of Each Receipt this Period  
100.00

**B. Gevorg Yanukyan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4461053**

Amount of Each Receipt this Period  
100.00

**C. Gevorg Yanukyan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463273**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 361 OF 379
	<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. Gevorg Yanukyan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
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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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465498**

Amount of Each Receipt this Period  
100.00

**B. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947411**

Amount of Each Receipt this Period  
200.00

**c. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947412**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 362 OF 379
	<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. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

**Transaction ID : C3947413**

Amount of Each Receipt this Period  
200.00

**B. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4383990**

Amount of Each Receipt this Period  
200.00

**c. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : C4386054**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 379
	<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. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4461011**

Amount of Each Receipt this Period  
200.00

**B. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4463242**

Amount of Each Receipt this Period  
200.00

**c. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

**Transaction ID : C4465467**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	112552.01

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 364 OF 379  
(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. 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 ▼ **483.54**

Date of Receipt: **07 / 01 / 2011**  
**Transaction ID : C3950767**

Amount of Each Receipt this Period **51.27**

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 ▼ **483.54**

Date of Receipt: **08 / 31 / 2011**  
**Transaction ID : C3996648**

Amount of Each Receipt this Period **79.37**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **483.54**

Date of Receipt: **10 / 31 / 2011**  
**Transaction ID : C4376509**

Amount of Each Receipt this Period **45.46**

**SUBTOTAL** of Receipts This Page (optional)..... ► **176.10**

**TOTAL** This Period (last page this line 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 365 OF 379
<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) <b>A. Capitol One Bank</b>		Date of Receipt
Mailing Address PO Box 1296		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City Laurel	State MD	Zip Code 20707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4459649</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="67.45"/>
		<input type="text" value="483.54"/>

Full Name (Last, First, Middle Initial) <b>B. CITIBANK, F.S.B.</b>		Date of Receipt
Mailing Address 1101 Pennsylvania Avenue, N.W.		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3960108</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="23.56"/>
		<input type="text" value="386.63"/>

Full Name (Last, First, Middle Initial) <b>C. CITIBANK, F.S.B.</b>		Date of Receipt
Mailing Address 1101 Pennsylvania Avenue, N.W.		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3996655</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.99"/>
		<input type="text" value="386.63"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="112.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 366 OF 379
<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:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
386.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : C4376531**

Amount of Each Receipt this Period  
81.10

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:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
386.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : C4459651**

Amount of Each Receipt this Period  
23.92

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 ▼  
386.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : C4487812**

Amount of Each Receipt this Period  
29.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.50
<b>TOTAL</b> This Period (last page this line number only).....▶	422.60

**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. NGP Software**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
PAC Software

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) **Filing Software**

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2011

**Transaction ID : D247834**

Amount of Each Disbursement this Period

1125.00

Full Name (Last, First, Middle Initial)

**B. NGP Software**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
PAC Software

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) **Filing Software**

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2011

**Transaction ID : D250293**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2125.00

2125.00

**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. Ben Cardin**

Mailing Address P.O. Box 21093

City State Zip Code  
Catonsville MD 21228

Purpose of Disbursement  
Senate MD 3rd District

011

Candidate Name  
**Ben Cardin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 09 / 2011

Transaction ID : **D246989**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BETTY SUTTON FOR CONGRESS**

Mailing Address 1700 W. Market St. #155

City State Zip Code  
Akron OH 44313

Purpose of Disbursement  
OH 13 - General

011

Candidate Name  
**Betty Sutton**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2011

Transaction ID : **D267321**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Brad Witt For Congress**

Mailing Address 8630 SW SCHOLLS FERRY RD  
PMB 313

City State Zip Code  
BEAVERTON OR 97008

Purpose of Disbursement  
1st Congressional District - OR

Candidate Name  
**BRADLEY K WITT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2011

Transaction ID : **D248650**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**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. Friends of Mazie Hirono**

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement  
US Senate HI

011

Candidate Name

**MAZIE K HIRONO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2011

Transaction ID : D254859

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. GARAMENDI FOR CONGRESS**

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.  
3605 LONG BEACH BLVD., STE. 426

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement  
CA - 3 General

011

Candidate Name

**JOHN GARAMENDI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

Transaction ID : D253798

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Herb Kohl For United States Senate, Inc.**

Mailing Address 825 N Jefferson

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Check Returned and Voided/Senate-WI

011

Candidate Name

**Herb Kohl**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2011

Transaction ID : D248059

Amount of Each Disbursement this Period

-2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

**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. Herb Kohl For United States Senate, Inc.**

Mailing Address 825 N Jefferson

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Senate - WI

011

Candidate Name

**Herb Kohl**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2011

Transaction ID : D246991

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2011

Transaction ID : D253797

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Kirsten Gillibrand**

Mailing Address 514 Warren Street

City Hudson State NY Zip Code 12534

Purpose of Disbursement  
Senate Primary 2012

011

Candidate Name

**Kristen Gillibrand**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2011

Transaction ID : D247221

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

**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. Kreitlow For Congress**

Mailing Address 333 E Prairie View Road

City Chippewa Falls State WI Zip Code 54729

Purpose of Disbursement  
WI - 07 District

011

Candidate Name

**Patrick Kreitlow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 09 / 2011

**Transaction ID : D246994**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mark Begish**

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement  
Senate AK

011

Candidate Name

**MARK BEGICH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2011

**Transaction ID : D367**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mark Takano for Congress**

Mailing Address 3605 LONG BEACH BLVD., STE. 426

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement  
CA 41st General

011

Candidate Name

**JOHN GARAMENDI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2011

**Transaction ID : D253799**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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. Michaud for Congress**

Mailing Address PO Box 151257

City Columbus State OH Zip Code 43215-8257

Purpose of Disbursement  
ME - 2nd District House

011

Candidate Name

**Michael Michaud**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2011

**Transaction ID : D246405**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Moran For Congress**

Mailing Address 311 N Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
VA - 08

011

Candidate Name

**James Moran Jr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	09	/	2011

**Transaction ID : D246998**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. RUBIO FOR CONGRESS 2012**

Mailing Address 5325 Elkhorn Blvd, #321  
1787 TRIBUTE ROAD, SUITE K

City SACRAMENTO State CA Zip Code 95815

Purpose of Disbursement  
21st Congressional District - CA

011

Candidate Name

**MICHAEL RUBIO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2011

**Transaction ID : D255697**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
---------

**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. STEVE ROTHMAN FOR NEW JERSEY INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address P.O. Box 714

**Transaction ID : D248645**

City Hackensack State NJ Zip Code 07602

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Congress 9th District-NJ

011
Category/ Type

Candidate Name

**Steve Rothman**

Office Sought:  House  
 Senate  
 President

State: NJ District: 09

Disbursement For: 2011

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00
---------

24000.00
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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 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. Kevin Kistler**

Mailing Address 6225 Starwood Way

City State Zip Code  
Rockville MD 20852-3530

Purpose of Disbursement  
Refund of Contributions

010

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Refund of Contributi

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

Transaction ID : D253795

Amount of Each Disbursement this Period

307.66

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--	--	--	--	--

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

307.66

**TOTAL** This Period (last page this line number only)..... ▶

307.66

**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  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D262306**

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  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D263140**

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  
Bank Charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D248300**

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  
Service Charge-NY

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  
09 / 01 / 2011

**Transaction ID : D248302**

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  
Service Charge-NY

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  
08 / 09 / 2011

**Transaction ID : D247223**

Amount of Each Disbursement this Period

19.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 31 / 2011

**Transaction ID : D247225**

Amount of Each Disbursement this Period

20.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

58.00



**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) <b>A. Committee to Elect Earl Ray Tomblin 2011</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2011
Mailing Address PO Box 410		<b>Transaction ID : D247219</b>
City Palmer	State AK	
Zip Code 99645	Purpose of Disbursement Governor - WV - General	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Earl Ray Tomblin</b>	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	

Full Name (Last, First, Middle Initial) <b>B. Dempsey Committee</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2011
Mailing Address 202 Bonham Rd		<b>Transaction ID : D262304</b>
City Dedham	State MA	
Zip Code 02026-5404	Purpose of Disbursement State Representative-MA	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Dempsey Committee</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2011
Mailing Address 202 Bonham Rd		<b>Transaction ID : D253575</b>
City Dedham	State MA	
Zip Code 02026-5404	Purpose of Disbursement State Representative-MA	Amount of Each Disbursement this Period -250.00
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. John T. Mahoney**

Mailing Address 8 Whiting Street

City Plymouth State MA Zip Code 02360

Purpose of Disbursement  
Plymouth Board of Selectman - MA

011

Candidate Name

**John T Mahoney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2011

**Transaction ID : D255695**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Martin Walsh**

Mailing Address 138 West Third Street

City South Boston State MA Zip Code 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  
12 / 31 / 2011

**Transaction ID : D244100**

Amount of Each Disbursement this Period

-250.00

Full Name (Last, First, Middle Initial)

**C. Tim Murray**

Mailing Address 23 Institute Road

City Worcester State MA Zip Code 01609

Purpose of Disbursement  
MA-Lieutenant Gov.

011

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  
09 / 28 / 2011

**Transaction ID : D249144**

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

50.00

**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) <b>A. Wendy Davis for Senate</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2011
Mailing Address PO Box 1039		<b>Transaction ID : D253800</b>
City Fort Worth	State TX	
Zip Code 76101-1039		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement TX State Senator District 10 - General		Category/ Type 011
Candidate Name <b>Wendy Davis</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William Galvin Committee</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2011
Mailing Address 44 Washington Street		<b>Transaction ID : D248648</b>
City Brighton	State MA	
Zip Code 02135		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement MA Sec. of State 2011		Category/ Type 011
Candidate Name <b>William Galvin</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3533.99