

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

JB Moss Voice of the Electorate (VOTE)

ADDRESS (number and street) 1660 L Street, NW, Suite 801

Check if different than previously reported. (ACC) Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00007898

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2010 through 03 31 2010

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 Mary Mahoney

Signature of Treasurer Electronically Filed by Mary Mahoney Date 11 18 2010

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Please note the Debit Obligation shown on Schedule D has been removed. This was reported in 7/2008 as a Debt but was a disbursement. The check was voided in 12/2008 and was shown as a negative disbursement. They were coded incorrectly and have not been removed as it is not a Debt but a check that was issued and then voided. It was issued to Hillary Clinton for President.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
JB Moss Voice of the Electorate (VOTE)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		407446.42
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	407446.42									
(c) Total Receipts (from Line 19) .....	76198.15	76198.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	483644.57	483644.57								
7. Total Disbursements (from Line 31) .....	98350.00	98350.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	385294.57	385294.57								
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  
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) .....	33928.00	33928.00
(ii) Unitemized .....	40095.51	40095.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	74023.51	74023.51
(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) .....	74023.51	74023.51
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) .....	2000.00	2000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	174.64	174.64
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	76198.15	76198.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	76198.15	76198.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3050.00	3050.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3050.00	3050.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64400.00	64400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	400.00	400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	400.00	400.00
29. Other Disbursements.....	30500.00	30500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	98350.00	98350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98350.00	98350.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	74023.51	74023.51
34. Total Contribution Refunds (from Line 28(d)) .....	400.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	73623.51	73623.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3050.00	3050.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2000.00	2000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1050.00	1050.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 41  
(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)  
JB Moss Voice of the Electorate (VOTE)

**A.** Full Name (Last, First, Middle Initial)  
John R Akers  
Mailing Address 23514 P St  
City Elkhorn State NE Zip Code 68022  
FEC ID number of 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 MM / DD / YYYY  
02 / 01 / 2010  
**Transaction ID:** C199061  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
RICK ALTIG Jr  
Mailing Address 15440 BEL-RED RD  
City REDMOND State WA Zip Code 98052  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt MM / DD / YYYY  
02 / 01 / 2010  
**Transaction ID:** C199072  
Amount of Each Receipt this Period 1248.00

**C.** Full Name (Last, First, Middle Initial)  
Simon A Arias  
Mailing Address 1200 Parkview Ln  
City Broadview Heights State OH Zip Code 44147  
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 ▼ 300.00  
Date of Receipt MM / DD / YYYY  
02 / 01 / 2010  
**Transaction ID:** C199092  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1848.00  
**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (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 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Bailey	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 367 ADAMS DAIRY PRKWY	<b>Transaction ID:</b> C199108
	City State Zip Code BLUE SPRINGS MO 64014	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Yaroslav Bitman	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 4704 Saratoga Falls Ln	<b>Transaction ID:</b> C199157
	City State Zip Code Raleigh NC 27614	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Bleier	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 917A WINDFIELD PL	<b>Transaction ID:</b> C199168
	City State Zip Code APPLETON WI 54911	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Income Life Occupation Insurance Agent Receipt For: <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) .....	▶	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 9 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Elaina Bosco</p> <p>Mailing Address 8300 DELMAR BLVD #311</p> <p>City State Zip Code <b>ST LOUIS MO 63124</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Income Life      Occupation Insurance Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 0 1 / 2 0 1 0</span></p> <p><b>Transaction ID: C199178</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) David Cohen</p> <p>Mailing Address 5700 WILSHIRE BLVD STE 480</p> <p>City State Zip Code <b>Los Angeles CA 90036</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Income Life      Occupation Insurance Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 0 1 / 2 0 1 0</span></p> <p><b>Transaction ID: C199287</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">450.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Micah A. COHEN</p> <p>Mailing Address 5700 WILSHIRE BLVD STE 480</p> <p>City State Zip Code <b>Los Angeles CA 90036</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Income Life      Occupation Insurance Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 0 1 / 2 0 1 0</span></p> <p><b>Transaction ID: C199289</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">450.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1200.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 41  
(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)  
JB Moss Voice of the Electorate (VOTE)

**A.**

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

Mailing Address 15581 ANDOVER HEIGHTS DR

City State Zip Code  
WOODBIDGE VA 22193

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199296

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 2624 LAUREL CHERRY ST

City State Zip Code  
RALEIGH NC 27612

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 ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199308

Amount of Each Receipt this Period  
240.00

**C.**

Full Name (Last, First, Middle Initial)  
Narinder Dhillon

Mailing Address 637 BRODERICK DR NE

City State Zip Code  
CEDAR RAPIDS IA 52402

FEC ID number of 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  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199376

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **840.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
STEVEN 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 American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 02 / 01 / 2010  
Transaction ID: C199379  
Amount of Each Receipt this Period: 900.00

**B.** Full Name (Last, First, Middle Initial)  
Josep A Diecedue, III

Mailing Address 7712 JEFFERSON PL BLVD APTC

City State Zip Code  
BATON ROUGE LA 70809

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 ▼ 300.00

Date of Receipt: 02 / 01 / 2010  
Transaction ID: C199382  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Barry F Dillah

Mailing Address 4350 STONECREST DR

City State Zip Code  
ELLIOTT CITY MD 21043

FEC ID number of 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: 02 / 01 / 2010  
Transaction ID: C199385  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 41  
(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)  
JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)  
GREGORY ENGRAV

Mailing Address 920 OWEN ST NW

City State Zip Code  
CEDAR RAPIDS IA 52405

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199428

Amount of Each Receipt this Period  
290.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Farr

Mailing Address 43107 Ryegate St

City State Zip Code  
CANTON MI 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 ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199451

Amount of Each Receipt this Period  
240.00

**C.**

Full Name (Last, First, Middle Initial)  
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 American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199470

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **830.00**

**TOTAL** This Period (last page this line 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 13 / 41  
(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)  
JB Moss Voice of the Electorate (VOTE)

**A.** Full Name (Last, First, Middle Initial)  
Benjamin A Foti  
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 Insurance Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 02 / 01 / 2010  
Transaction ID: C199483  
Amount of Each Receipt this Period 600.00

**B.** Full Name (Last, First, Middle Initial)  
Donald Foti  
Mailing Address 4071 PORT CHICAGO HWY ST 200  
City CONCORD State CA Zip Code 94520  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 02 / 01 / 2010  
Transaction ID: C199485  
Amount of Each Receipt this Period 600.00

**C.** Full Name (Last, First, Middle Initial)  
Cindy Furer  
Mailing Address 5677 Oberlin Dr Ste 210  
City San Diego State CA Zip Code 92121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 02 / 01 / 2010  
Transaction ID: C199507  
Amount of Each Receipt this Period 450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00  
**TOTAL** This Period (last page this line 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 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 38 WINDSOR LN

City State Zip Code  
LITTLE SILVER NJ 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 ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199536

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Joshua B GOODMAN

Mailing Address 14009 W 30th LN

City State Zip Code  
GOLDEN CO 80401

FEC ID number of 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  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199556

Amount of Each Receipt this Period  
400.00

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

Mailing Address 10001 COORS BLVD BYPASS NW #1420

City State Zip Code  
ALBUQUERQUE NM 87114

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199561

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 41  
(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)  
JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)  
Arthur J GREENE

Mailing Address 1837 SQUIRREL VALLEY DR

City State Zip Code  
BLOOMFIELD HILLS MI 48304

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199571

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 43 Nocturne Woods PI

City State Zip Code  
The Woodlands TX 77382

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199577

Amount of Each Receipt this Period  
900.00

**C.**

Full Name (Last, First, Middle Initial)  
Frederick Hadayia Jr

Mailing Address 101 IRON VALLEY DR

City State Zip Code  
LEBANON PA 17042

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199596

Amount of Each Receipt this Period  
900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 41  
(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)  
JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 12546 WALNUT RIDGE PL

City State Zip Code  
FISHERS IN 46038

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199609

Amount of Each Receipt this Period: 900.00

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

Mailing Address 826 ACTON DR

City State Zip Code  
TOLEDO OH 43615

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 ▼ 300.00

Date of Receipt: MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199623

Amount of Each Receipt this Period: 300.00

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

Mailing Address 3417 E NORWOOD CIR

City State Zip Code  
MESA AZ 85213

FEC ID number of contributing 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: MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199628

Amount of Each Receipt this Period: 900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 41

(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)  
JB Moss Voice of the Electorate (VOTE)

**A.**

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

Mailing Address 4405 COX RD STE 110

City State Zip Code  
GLEN ALLEN VA 23060

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 ▼ 750.00

Date of Receipt

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

Transaction ID: C199639

Amount of Each Receipt this Period

750.00

**B.**

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

Mailing Address 1235 SNUG HARBOR DR

City State Zip Code  
CASSELBERRY FL 32707

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 ▼ 750.00

Date of Receipt

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

Transaction ID: C199647

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Hernandez

Mailing Address 3003 Douglas Ave #17

City State Zip Code  
Dallas TX 75219

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: C199655

Amount of Each Receipt this Period

300.00

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

1800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 41  
(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)  
JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)  
Celeste Hill

Mailing Address PO Box 208

City Waco State TX Zip Code 76703-0208

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

Name of Employer American income life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 01 / 2010

Transaction ID: C201081

Amount of Each Receipt this Period 280.00

**B.**

Full Name (Last, First, Middle Initial)  
MATTHEW HOGAN

Mailing Address 245 Providence Dr

City Covington State GA Zip Code 30016

FEC ID number of 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 02 / 01 / 2010

Transaction ID: C199672

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
John 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 ▼ 600.00

Date of Receipt 02 / 01 / 2010

Transaction ID: C199721

Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 41
	<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)  
JB Moss Voice of the Electorate (VOTE)

<b>A.</b>	Full Name (Last, First, Middle Initial) HORACE JOHNSON	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 12435 BLACK WATER CT	<b>Transaction ID:</b> C199733
	City State Zip Code JACKSONVILLE FL 32223	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Income Life    Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SCOTT KEENEY	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 4020 RIDGEVIEW LANE	<b>Transaction ID:</b> C199776
	City State Zip Code HURRICANE WV 25526	Amount of Each Receipt this Period 402.00
	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 ▼ 402.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) STEVEN KING	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 24324 LYNWOOD DR	<b>Transaction ID:</b> C199791
	City State Zip Code NOVI MI 48374	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Income Life    Occupation Insurance Agent Receipt For: <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) .....	▶	1002.00
<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 20 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Samuel G Lasala	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 875 WILLIAMS BLVD #1308	<b>Transaction ID:</b> C199826
	City State Zip Code RIDGELAND MS 39157	Amount of Each Receipt this Period 208.00
	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 ▼ 208.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia G Lee	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 6809 JAKE BARNES CT	<b>Transaction ID:</b> C199839
	City State Zip Code JOHNSTON IA 50131	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sabrina N Lloyd	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 14 HARBOR HILL RD	<b>Transaction ID:</b> C201206
	City State Zip Code GLEN COVE NY 11542	Amount of Each Receipt this Period 600.00
	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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1108.00
<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 21 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address N89 W15883 MAIN ST  
Suite 101

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 Agent

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199901

Amount of Each Receipt this Period  
900.00

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

Mailing Address 3645 MARKETPLACE BLVD #130-298

City State Zip Code  
EAST POINT GA 30344

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199930

Amount of Each Receipt this Period  
300.00

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

Mailing Address 479 Mallard Creek

City State Zip Code  
Louisville KY 40207

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 ▼ 202.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2010

**Transaction ID:** C199963

Amount of Each Receipt this Period  
202.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1402.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 41

(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)  
JB Moss Voice of the Electorate (VOTE)

<b>A.</b>	Full Name (Last, First, Middle Initial) David T Melcher		Date of Receipt MM / DD / YYYY 02 / 01 / 2010	
	Mailing Address 14234 BRIGGS CIR		<b>Transaction ID:</b> C199968	
	City OMAHA	State NE	Zip Code 68144	Amount of Each Receipt this Period 208.00
	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 ▼	208.00
--------------------------	--------

<b>B.</b>	Full Name (Last, First, Middle Initial) Carla Miller		Date of Receipt MM / DD / YYYY 02 / 01 / 2010	
	Mailing Address 751 JACOBS MILL POND RD #814		<b>Transaction ID:</b> C199985	
	City ELGIN	State SC	Zip Code 29045	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer American Income Life	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼	300.00
--------------------------	--------

<b>C.</b>	Full Name (Last, First, Middle Initial) Travis P Moody		Date of Receipt MM / DD / YYYY 02 / 01 / 2010	
	Mailing Address 509 Mallard Creek Rd		<b>Transaction ID:</b> C200006	
	City Louisville	State KY	Zip Code 40207	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C			
	Name of Employer American Income Life	Occupation Insurance Agent	Receipt For: <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) .....	▶	808.00
<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 23 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1355 Woodside Dr

City State Zip Code  
Arnold MO 63010

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 1 0

**Transaction ID:** C200046

Amount of Each Receipt this Period  
900.00

**B.** Full Name (Last, First, Middle Initial)  
ALFRED O'CONNOR

Mailing Address 4626 Manitou Bay

City State Zip Code  
San Antonio TX 78259

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 1 0

**Transaction ID:** C200081

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
DURHON RENAH R OLDHAM

Mailing Address 1995 HARRIS RD

City State Zip Code  
PENFIELD NY 14526

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 1 0

**Transaction ID:** C200085

Amount of Each Receipt this Period  
1200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 41
	<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)  
JB Moss Voice of the Electorate (VOTE)

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT OLSON, Jr	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 26561 W HGHLAND DR	<b>Transaction ID:</b> C200091
	City State Zip Code CHANNAHON IL 60410	Amount of Each Receipt this Period 1200.00
	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 ▼ 1200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott J Rehberg	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 1153 Thistle Ln	<b>Transaction ID:</b> C200209
	City State Zip Code Lebanon OH 45036	Amount of Each Receipt this Period 240.00
	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 ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marc E Rosen	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 96 Rivington Ave	<b>Transaction ID:</b> C200261
	City State Zip Code Staten Island NY 10314	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Income Life      Occupation 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) .....	▶	2340.00
<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 25 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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 ▼ 1200.00

Date of Receipt 02 / 01 / 2010  
**Transaction ID: C200279**  
Amount of Each Receipt this Period 1200.00

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

Mailing Address 221 LENOX PL

City GOODLETTSVILLE State TN Zip Code 37072

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 ▼ 202.00

Date of Receipt 02 / 01 / 2010  
**Transaction ID: C200338**  
Amount of Each Receipt this Period 202.00

**C.** Full Name (Last, First, Middle Initial)  
BETH SNOW

Mailing Address 1909 WESTOVER DR

City PLEASANT HILL State CA Zip Code 94523

FEC ID number of 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 02 / 01 / 2010  
**Transaction ID: C200387**  
Amount of Each Receipt this Period 240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1642.00

**TOTAL** This Period (last page this line 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 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 American Income Life Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 1 0

**Transaction ID:** C200388

Amount of Each Receipt this Period  
240.00

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

Mailing Address 2321 HENNEPIN DR

City State Zip Code  
SAINT LOUIS MO 63114

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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 1 0

**Transaction ID:** C200396

Amount of Each Receipt this Period  
300.00

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

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 American Income Life Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 1 0

**Transaction ID:** C200418

Amount of Each Receipt this Period  
240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **780.00**

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

**SCHEDULE A (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 / 41
	<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)  
JB Moss Voice of the Electorate (VOTE)

<b>A.</b>	Full Name (Last, First, Middle Initial) James Surace		Date of Receipt MM / DD / YYYY 02 / 01 / 2010		
	Mailing Address 12301 RIDGE RD		<b>Transaction ID:</b> C200437		
	City CLEVELAND	State OH	Zip Code 44133	Amount of Each Receipt this Period 1248.00	
	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 ▼ 1248.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) RANDY E TEYSSIER		Date of Receipt MM / DD / YYYY 02 / 01 / 2010		
	Mailing Address 200 HOWLEY CT		<b>Transaction ID:</b> C200466		
	City IRVING	State TX	Zip Code 75063	Amount of Each Receipt this Period 500.00	
	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 ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dustin W Venekamp		Date of Receipt MM / DD / YYYY 02 / 01 / 2010		
	Mailing Address 751 Roosevelt Rd Ste 212		<b>Transaction ID:</b> C200533		
	City Glen Ellyn	State IL	Zip Code 60137	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life	Occupation Insurance Agent			
Receipt For: <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) .....	▶	2048.00
<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 28 / 41
	<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)  
JB Moss Voice of the Electorate (VOTE)

<b>A.</b>	Full Name (Last, First, Middle Initial) RODNEY WARD		Date of Receipt
	Mailing Address 18944 EMIT RD		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	BROWNSTOWN	MI	48192
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C200561
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="300.00"/>
		<input type="text" value="300.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert G Whittinghill		Date of Receipt
	Mailing Address 5677 OBERLIN DR STE 210		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	SAN DIEGO	CA	92121
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C200595
Name of Employer American Income Life Insurance		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="450.00"/>
		<input type="text" value="450.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) CYNTHIA WILHELMI		Date of Receipt
	Mailing Address 300 45Th St Sw Ste 135		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fargo	ND	58103
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C200597
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="300.00"/>
		<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1050.00"/>
<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 29 / 41

(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)  
JB Moss Voice of the Electorate (VOTE)

**A.**

Full Name (Last, First, Middle Initial)  
Gary D Williams

Mailing Address 531 STILLWATER DR NW

City State Zip Code  
MARIETTA GA 30064

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 ▼ 300.00

Date of Receipt

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

Transaction ID: C200602

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 10246 SW 22nd PL

City State Zip Code  
DAVIE FL 33324

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 ▼ 600.00

Date of Receipt

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

Transaction ID: C200606

Amount of Each Receipt this Period  
600.00

**C.**

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

Mailing Address 101 GROUSE HILL RD

City State Zip Code  
GLASTONBURY CT 06033

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 ▼ 600.00

Date of Receipt

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

Transaction ID: C200656

Amount of Each Receipt this Period  
600.00

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

1500.00

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

33928.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 41
	(check only one)	
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Opeiu Local No. 153		Date of Receipt																				
Mailing Address 265 W 14th St Ste 612		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	6		2	0	1	0													
City	State	Zip Code																				
New York	NY	10011-7179																				
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> C195871																				
<b>C</b> C00008896		Amount of Each Receipt this Period																				
		2000.00																				
Name of Employer	Occupation																					
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	2000.00																					

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

A. Form/Schedule : **SA15**

Refund of contributions made to OPEIU Local 153

Transaction ID : **C195871**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 41

<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)  
JB Moss Voice of the Electorate (VOTE)

A.

Full Name (Last, First, Middle Initial)  
NGP Software

Transaction ID: D579

Date of Disbursement

Mailing Address 5505 Connecticut Ave NW  
# 277

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	0

City Washington State DC Zip Code 20015-2601

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
PAC Software

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

3000.00
---------

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

3000.00
---------



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**CHET EDWARDS FOR CONGRESS**

Mailing Address PO Box 23273

City WACO State TX Zip Code 76702

Purpose of Disbursement  
TX 17th Congressional District

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Transaction ID: D567

Date of Disbursement

02 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ciro Rodriguez for Congress**

Mailing Address 6108 S. Flores Street  
PQB 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement  
TX - 23rd Congressional District

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Transaction ID: D573

Date of Disbursement

02 / 23 / 2010

Amount of Each Disbursement this Period

2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Dan Maffei**

Mailing Address P.O. Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement  
25th District - N.Y

Candidate Name  
Dan Maffei

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D583

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

8400.00

**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)  
JB Moss Voice of the Electorate (VOTE)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign</p> <p>Mailing Address 430 S Capitol St SE</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement 2010 Membership Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 2010 Membership Cont</p>	<p><b>Transaction ID:</b> D564 <b>Date of Disbursement</b> 01 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Membership Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> D562 <b>Date of Disbursement</b> 01 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dennis Cardoza</p> <p>Mailing Address 222 M Street Suite 305</p> <p>City Merced State CA Zip Code 95340</p> <p>Purpose of Disbursement 18th Congressional District CA Primary</p> <p>Candidate Name Dennis Cardoza</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 18</p>	<p><b>Transaction ID:</b> D570 <b>Date of Disbursement</b> 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

30500.00

**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)  
JB Moss Voice of the Electorate (VOTE)

A.	Full Name (Last, First, Middle Initial) Garamendi 2010	Transaction ID: D574 Date of Disbursement 02 / 23 / 2010
	Mailing Address 3605 Long Beach Blvd #426 C/O Calif. Polit. Law, Inc	Amount of Each Disbursement this Period 1000.00
	City Long Beach State CA Zip Code 90807	
	Purpose of Disbursement 10th Congressional District - CA Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jerry McNerney	Transaction ID: D569 Date of Disbursement 02 / 12 / 2010
	Mailing Address 6520 Village Parkway 2nd Floor	Amount of Each Disbursement this Period 1000.00
	City Dublin State CA Zip Code 94568	
	Purpose of Disbursement 11th Congressional District CA Primary Candidate Name Jerry McNerney	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kendrick Meek	Transaction ID: D566 Date of Disbursement 01 / 25 / 2010
	Mailing Address 111 NW 183rd St. Ste.325	Amount of Each Disbursement this Period 5000.00
	City Miami State FL Zip Code 33169	
	Purpose of Disbursement U.S Senate Florida Candidate Name Kendrick Meek	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<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 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)  
JB Moss Voice of the Electorate (VOTE)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Martha Coakley</p> <p>Mailing Address 529 Main Street</p> <p>City Charlestown State MA Zip Code 02129</p> <p>Purpose of Disbursement The Martha Coakley for Senate Committee</p> <p>Candidate Name Martha Coakley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D556 <b>Date of Disbursement</b> 01 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Martha Coakley</p> <p>Mailing Address 529 Main Street</p> <p>City Charlestown State MA Zip Code 02129</p> <p>Purpose of Disbursement The Martha Coakley for Senate Committee</p> <p>Candidate Name Martha Coakley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D559 <b>Date of Disbursement</b> 01 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Robin Carnahan for Senate</p> <p>Mailing Address 7745 Carondelet Ave. Suite 300</p> <p>City Saint Louis State MO Zip Code 63105</p> <p>Purpose of Disbursement U.S Senate</p> <p>Candidate Name Robin Carnahan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D584 <b>Date of Disbursement</b> 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

15000.00

**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)

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<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)  
JB Moss Voice of the Electorate (VOTE)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ted Deutch for Congress</p> <p>Mailing Address 20423 State Road 7 Suite F6-383</p> <p>City Boca Raton State FL Zip Code 33498</p> <p>Purpose of Disbursement 19th Congressional District - FL</p> <p>Candidate Name Theodore Deutch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 19</p>	<p><b>Transaction ID:</b> D575</p> <p>Date of Disbursement 02 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Mesabi Fund</p> <p>Mailing Address P.O.Box 77693</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jim Oberstar</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D576</p> <p>Date of Disbursement 02 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3500.00

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

64400.00

**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)

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<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)  
JB Moss Voice of the Electorate (VOTE)

A.

Full Name (Last, First, Middle Initial)  
John West

Transaction ID: D647

Date of Disbursement

Mailing Address 815 N Sand Branch Rd

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

City State Zip Code  
Mount Hope WV 25880

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
Refund

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

400.00
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TOTAL This Period (last page this line number only) .....

400.00
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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 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)  
JB Moss Voice of the Electorate (VOTE)

A.	Full Name (Last, First, Middle Initial) Chavez Thompson <hr/> Mailing Address P.O.Box 6719 <hr/> City San Antonio State TX Zip Code 78209 <hr/> Purpose of Disbursement LT Governor - TX Candidate Name Linda Chavez-thompson <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D561 Date of Disbursement 01 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 12000.00 <hr/> Category/Type 011
B.	Full Name (Last, First, Middle Initial) Chavez Thompson <hr/> Mailing Address P.O.Box 6719 <hr/> City San Antonio State TX Zip Code 78209 <hr/> Purpose of Disbursement LT Governor - TX Candidate Name Linda Chavez-thompson <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D571 Date of Disbursement 02 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Category/Type 011
C.	Full Name (Last, First, Middle Initial) Chavez Thompson <hr/> Mailing Address P.O.Box 6719 <hr/> City San Antonio State TX Zip Code 78209 <hr/> Purpose of Disbursement LT Governor - TX Candidate Name Linda Chavez-thompson <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D580 Date of Disbursement 03 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 10000.00 <hr/> Category/Type 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

27000.00

**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)

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<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)  
JB Moss Voice of the Electorate (VOTE)

A.	Full Name (Last, First, Middle Initial) Charles Murphy  Mailing Address P.O.Box 702  City Burlington State MA Zip Code 01803  Purpose of Disbursement State Representative MA Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D577 Date of Disbursement 03 / 04 / 2010	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) John Perez  Mailing Address 1100 O Street Suite 200  City Sacramento State CA Zip Code 95814  Purpose of Disbursement 68th Speaker of the CA Assembly Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D591 Date of Disbursement 03 / 31 / 2010	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Robert DeLeo  Mailing Address PO Box 520456  City Winthrop State MA Zip Code 02152  Purpose of Disbursement State Representative-MA Candidate Name Robert DeLeo  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D581 Date of Disbursement 03 / 11 / 2010	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

3000.00

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



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

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(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)  
JB Moss Voice of the Electorate (VOTE)

<b>A.</b> Full Name (Last, First, Middle Initial) San Diego-Imperial Counties Labour Counties COPE Fund Mailing Address 3717 Camino Del Rio South City San Diego State CA Zip Code 92108 Purpose of Disbursement San Diego City Council D 4 Candidate Name	Transaction ID: D585 Date of Disbursement 03 / 25 / 2010 Amount of Each Disbursement this Period 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Tony Young Mailing Address 202 C Street City San Diego State CA Zip Code 92101 Purpose of Disbursement San Diego City Council District 4 Candidate Name	Transaction ID: D572 Date of Disbursement 02 / 17 / 2010 Amount of Each Disbursement this Period 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Tony Young Mailing Address 202 C Street City San Diego State CA Zip Code 92101 Purpose of Disbursement voided check Candidate Name	Transaction ID: D586 Date of Disbursement 03 / 15 / 2010 Amount of Each Disbursement this Period -500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	30500.00