

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

OPEIU JB Moss Voice of the Electorate (VOTE)

ADDRESS (number and street)

80 Eighth Avenue, Suite 610

☐ Check if different than previously reported. (ACC)

New York

NY

10011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00007898

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2011

through

M M M / D D D / Y Y Y Y Y Y
12 31 2011

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

Mary Mahoney

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 17 2012

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**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OPEIU JB Moss Voice of the Electorate (VOTE)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OPEIU JB Moss Voice of the Electorate (VOTE)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 01 2011

To:

 M M / D D / Y Y Y Y Y
 12 31 2011
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).....

110883.17

158649.66

(ii) Unitemized

107627.28

177447.18

(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.....	24200.00	67200.00
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	3542.68	-473.42
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: PAGE 6 OF 370

(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. JOHN R AKERS

Mailing Address 6901 W 138TH TER #418

City State Zip Code
 OVERLAND PARK KS 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
 07 18 2011

Transaction ID : C3947279

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JOHN R AKERS

Mailing Address 6901 W 138TH TER #418

City State Zip Code
 OVERLAND PARK KS 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
 07 18 2011

Transaction ID : C3947280

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JOHN R AKERS

Mailing Address 6901 W 138TH TER #418

City State Zip Code
 OVERLAND PARK KS 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
 07 18 2011

Transaction ID : C3947281

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 7 OF 370

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 R AKERS

Mailing Address 6901 W 138TH TER #418

City State Zip Code
 OVERLAND PARK KS 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
 11 16 2011

Transaction ID : C4383956

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JOHN R AKERS

Mailing Address 6901 W 138TH TER #418

City State Zip Code
 OVERLAND PARK KS 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
 11 16 2011

Transaction ID : C4386023

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JOHN R AKERS

Mailing Address 6901 W 138TH TER #418

City State Zip Code
 OVERLAND PARK KS 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
 12 29 2011

Transaction ID : C4460984

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
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FOR LINE NUMBER: PAGE 8 OF 370

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☒ 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. JOHN R AKERS

Mailing Address 6901 W 138TH TER #418

City State Zip Code
OVERLAND PARK KS 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

Full Name (Last, First, Middle Initial)

B. JOHN R AKERS

Mailing Address 6901 W 138TH TER #418

City State Zip Code
OVERLAND PARK KS 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

Full Name (Last, First, Middle Initial)

C. Walter Allen

Mailing Address 7419 Cuvier St

City State Zip Code
La Jolla CA 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 ▼

440.00

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

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 9 OF 370

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☒ 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. Walter Allen

Mailing Address 7419 Cuvier St

City State Zip Code
 La Jolla CA 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 ▼

440.00

Date of Receipt

08 / 22 / 2011

Transaction ID : C3964264

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Walter Allen

Mailing Address 7419 Cuvier St

City State Zip Code
 La Jolla CA 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 ▼

440.00

Date of Receipt

08 / 22 / 2011

Transaction ID : C3964381

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Walter Allen

Mailing Address 7419 Cuvier St

City State Zip Code
 La Jolla CA 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 ▼

440.00

Date of Receipt

09 / 20 / 2011

Transaction ID : C3999453

Amount of Each Receipt this Period

50.00

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

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

140.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 OF 370

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Walter Allen

Mailing Address 7419 Cuvier St

City State Zip Code
 La Jolla CA 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 25 2011

Transaction ID : C4281271

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Walter Allen

Mailing Address 7419 Cuvier St

City State Zip Code
 La Jolla CA 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 08 2011

Transaction ID : C4400565

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Walter Allen

Mailing Address 7419 Cuvier St

City State Zip Code
 La Jolla CA 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 ▼

440.00

Date of Receipt

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

Transaction ID : C4468081

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)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 11 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. RICHARD JR ALTIG

Mailing Address 15440 BEL-RED RD

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4576.00

Date of Receipt

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

Transaction ID : C3947437

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

B. RICHARD JR ALTIG

Mailing Address 15440 BEL-RED RD

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4576.00

Date of Receipt

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

Transaction ID : C3947438

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

C. RICHARD JR ALTIG

Mailing Address 15440 BEL-RED RD

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4576.00

Date of Receipt

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

Transaction ID : C3947439

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 12 OF 370

☒ 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. RICHARD JR ALTIG

Mailing Address 15440 BEL-RED RD

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4576.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4383996

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

B. RICHARD JR ALTIG

Mailing Address 15440 BEL-RED RD

City

REDMOND

State

WA

Zip Code

98052

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4576.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4386062

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

c. Richard JR Altig Jr

Mailing Address 13911 49TH AVENUE CT NW

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4387447

Amount of Each Receipt this Period

416.00

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

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

1248.00

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

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FOR LINE NUMBER:
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PAGE 13 OF 370

☒ 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. RICHARD JR ALTIG

Mailing Address 15440 BEL-RED RD

City
REDMOND

State Zip Code
WA 98052

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income Life Ins.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4576.00

Date of Receipt

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

Transaction ID : C4461019

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

B. RICHARD JR ALTIG

Mailing Address 15440 BEL-RED RD

City
REDMOND

State Zip Code
WA 98052

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income Life Ins.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4576.00

Date of Receipt

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

Transaction ID : C4463250

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

C. RICHARD JR ALTIG

Mailing Address 15440 BEL-RED RD

City
REDMOND

State Zip Code
WA 98052

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income Life Ins.

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4576.00

Date of Receipt

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

Transaction ID : C4465475

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**

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 14 OF 370

☒ 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. DIEGO R ARANGOPUERTA

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
07 / 18 / 2011

Transaction ID : C3947282

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DIEGO R ARANGOPUERTA

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
07 / 18 / 2011

Transaction ID : C3947283

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DIEGO R ARANGOPUERTA

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
07 / 18 / 2011

Transaction ID : C3947284

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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FOR LINE NUMBER: PAGE 15 OF 370
(check only one)

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☐ 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. DIEGO R ARANGOPUERTA

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

11 / 16 / 2011

Transaction ID : C4383957

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DIEGO R ARANGOPUERTA

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

11 / 16 / 2011

Transaction ID : C4386024

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DIEGO R ARANGOPUERTA

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

12 / 29 / 2011

Transaction ID : C4460985

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 370

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. DIEGO R ARANGOPUERTA

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
☐ Other (specify) ▼

General

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

Full Name (Last, First, Middle Initial)

B. DIEGO R ARANGOPUERTA

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
☐ Other (specify) ▼

General

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

Full Name (Last, First, Middle Initial)

C. SIMON A ARIAS

Mailing Address 224 STOCKTON RIDGE

City

CRANBERRY TOWNSHIP

State

PA

Zip Code

16606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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

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

300.00

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

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

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FOR LINE NUMBER:
(check only one)

PAGE 17 OF 370

☒ 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 224 STOCKTON RIDGE

City State Zip Code
 CRANBERRY TOWNSHIP PA 16606

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 ▼

800.00

Date of Receipt

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

Transaction ID : C3947289

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. SIMON A ARIAS

Mailing Address 224 STOCKTON RIDGE

City State Zip Code
 CRANBERRY TOWNSHIP PA 16606

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 ▼

800.00

Date of Receipt

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

Transaction ID : C3947290

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SIMON A ARIAS

Mailing Address 224 STOCKTON RIDGE

City State Zip Code
 CRANBERRY TOWNSHIP PA 16606

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 ▼

800.00

Date of Receipt

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

Transaction ID : C4383959

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 370

(check only one)

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☐ 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 224 STOCKTON RIDGE

City State Zip Code
 CRANBERRY TOWNSHIP PA 16606

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 ▼

800.00

Date of Receipt

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

Transaction ID : C4386025

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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 / D D / Y Y Y Y Y
 12 29 2011

Transaction ID : C4462333

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. 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 / D D / Y Y Y Y Y
 12 29 2011

Transaction ID : C4464238

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 370

(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

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
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

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / 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

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / 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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 370

(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. Malka Arony

Mailing Address 3217 E TONTO LN

City
PHOENIXState Zip Code
AZ 85050FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income LifeOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID : C4462388

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. JAMES BAILEY

Mailing Address 72B WHISPERING CREEK

City
NEW BLOOMFIELDState Zip Code
MO 65063FEC ID number of contributing
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
 07 / 18 / 2011

Transaction ID : C3948736

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JAMES BAILEY

Mailing Address 200 NE TOPAZ DR

City
LEES SUMMITState Zip Code
MO 64086FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

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
 07 / 18 / 2011

Transaction ID : C3947291

Amount of Each Receipt this Period

100.00

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

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

350.00

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

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

FOR LINE NUMBER:
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PAGE 21 OF 370

☒ 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 BAILEY

Mailing Address 200 NE TOPAZ DR

City

LEES SUMMIT

State

MO

Zip Code

64086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C3947292

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JAMES BAILEY

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : C4384266

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JAMES BAILEY

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : C4386272

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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FOR LINE NUMBER: PAGE 22 OF 370

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 BAILEY

Mailing Address 72B WHISPERING CREEK

City State Zip Code
 NEW BLOOMFIELD MO 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

Full Name (Last, First, Middle Initial)

B. JAMES BAILEY

Mailing Address 72B WHISPERING CREEK

City State Zip Code
 NEW BLOOMFIELD MO 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

Full Name (Last, First, Middle Initial)

C. JAMES BAILEY

Mailing Address 72B WHISPERING CREEK

City State Zip Code
 NEW BLOOMFIELD MO 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

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 370

(check only one)

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☐ 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. Lorena Barriere

Mailing Address 11737 MOLLYKNOLL AVE

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943910

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Lorena Barriere

Mailing Address 11737 MOLLYKNOLL AVE

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943911

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Lorena Barriere

Mailing Address 11737 MOLLYKNOLL AVE

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943912

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)
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FOR LINE NUMBER: PAGE 24 OF 370

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☒ 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. Lorena Barriere

Mailing Address 11737 MOLLYKNOLL AVE

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383161

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Lorena Barriere

Mailing Address 11737 MOLLYKNOLL AVE

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4385304

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Lorena Barriere

Mailing Address 11737 MOLLYKNOLL AVE

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4387494

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 370

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☒ 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. Lorena Barriere

Mailing Address 11737 MOLLYKNOLL AVE

City State Zip Code
WHITTIER CA 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 / D D / Y Y Y Y Y
12 29 2011

Transaction ID : C4460326

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Lorena Barriere

Mailing Address 11737 MOLLYKNOLL AVE

City State Zip Code
WHITTIER CA 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 / D D / Y Y Y Y Y
12 29 2011

Transaction ID : C4462605

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Lorena Barriere

Mailing Address 11737 MOLLYKNOLL AVE

City State Zip Code
WHITTIER CA 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 / D D / Y Y Y Y Y
12 29 2011

Transaction ID : C4464908

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)
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FOR LINE NUMBER: PAGE 26 OF 370

(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 BANE BERRY DR

City State Zip Code
 WESTERVILLE OH 43082

FEC ID number of contributing federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / 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)

B. STEPHEN P BENDURE

Mailing Address 6100 BANE BERRY DR

City State Zip Code
 WESTERVILLE OH 43082

FEC ID number of contributing federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID : C3947229

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. STEPHEN P BENDURE

Mailing Address 6100 BANE BERRY DR

City State Zip Code
 WESTERVILLE OH 43082

FEC ID number of contributing federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID : C3947227

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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 370

☒ 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 BANE BERRY DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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 BANE BERRY DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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 BANE BERRY DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4460968

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 370

☒ 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 BANE BERRY DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / 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)

B. STEPHEN P BENDURE

Mailing Address 6100 BANE BERRY DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID : C4465430

Amount of Each Receipt this Period

30.00

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

Transaction ID : C3943755

Amount of Each Receipt this Period

50.00

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

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

110.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 370

☒ 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. 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 / 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)

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

Transaction ID : C3943757

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

Transaction ID : C4383128

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 370

☒ 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. Susan L Bergh

Mailing Address 5653 Columbia Rd #202

City State Zip Code
Columbia MD 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

11 / 16 / 2011

Transaction ID : C4385270

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 State Zip Code
Columbia MD 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

11 / 16 / 2011

Transaction ID : C4387516

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code
Raleigh NC 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

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

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

200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 370

(check only one)

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☐ 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. Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code
 Raleigh NC 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

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

Transaction ID : C3943356

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code
 Raleigh NC 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

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

Transaction ID : C3943357

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code
 Raleigh NC 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

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

Transaction ID : C4383031

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 32 OF 370

(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. Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code
 Raleigh NC 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

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

Transaction ID : C4385177

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code
 Raleigh NC 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

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

Transaction ID : C4387529

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code
 Raleigh NC 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

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

Transaction ID : C4460204

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 370

(check only one)

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☐ 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. Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code
 Raleigh NC 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

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

Transaction ID : C4462488

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Yaroslav Bitman

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code
 Raleigh NC 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

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

Transaction ID : C4464792

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David E Blaisdell

Mailing Address 537 Hogan Branch Rd

City State Zip Code
 Goodlettsville TN 37072

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID : C3943754

Amount of Each Receipt this Period

90.00

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

290.00

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

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

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FOR LINE NUMBER:
(check only one)

PAGE 34 OF 370

☒ 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 E Blaisdell

Mailing Address 537 Hogan Branch Rd

City State Zip Code
 Goodlettsville TN 37072

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4389145

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. David E Blaisdell

Mailing Address 537 Hogan Branch Rd

City State Zip Code
 Goodlettsville TN 37072

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4462392

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Lisa Blake

Mailing Address 30445 Fox Club Drive

City State Zip Code
 Farmington Hills MI 48331-1953

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPEIU Local 42

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

09 / 08 / 2011

Transaction ID : C3994847

Amount of Each Receipt this Period

24.00

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

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

204.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 370

☒ 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. Lisa Blake

Mailing Address 30445 Fox Club Drive

City

Farmington Hills

State

MI

Zip Code

48331-1953

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPEIU Local 42

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

10 / 05 / 2011

Transaction ID : C4012371

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Lisa Blake

Mailing Address 30445 Fox Club Drive

City

Farmington Hills

State

MI

Zip Code

48331-1953

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPEIU Local 42

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

10 / 05 / 2011

Transaction ID : C4012383

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. Lisa Blake

Mailing Address 30445 Fox Club Drive

City

Farmington Hills

State

MI

Zip Code

48331-1953

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPEIU Local 42

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

11 / 08 / 2011

Transaction ID : C4372687

Amount of Each Receipt this Period

78.00

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

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

126.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 370

(check only one)

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☐ 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. Lisa Blake

Mailing Address 30445 Fox Club Drive

City State Zip Code
Farmington Hills MI 48331-1953

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPEIU Local 42

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2011

Transaction ID : C4372702

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing
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
07 / 18 / 2011

Transaction ID : C3947293

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing
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
07 / 18 / 2011

Transaction ID : C3947294

Amount of Each Receipt this Period

100.00

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

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

284.00

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

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

FOR LINE NUMBER: PAGE 37 OF 370

(check only one)

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☐ 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. GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing
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
07 / 18 / 2011

Transaction ID : C3947295

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing
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 : C4383960

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing
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 : C4386027

Amount of Each Receipt this Period

100.00

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

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

300.00

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 38 OF 370

☒ 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. GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City
APPLETON

State Zip Code
WI 54911

FEC ID number of contributing
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
12 29 2011

Transaction ID : C4460986

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City
APPLETON

State Zip Code
WI 54911

FEC ID number of contributing
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
12 29 2011

Transaction ID : C4463221

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. GARY BLEIER

Mailing Address 917 WINDFIELD PLACE NO A

City
APPLETON

State Zip Code
WI 54911

FEC ID number of contributing
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
12 29 2011

Transaction ID : C4465447

Amount of Each Receipt this Period

100.00

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

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

300.00

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 39 OF 370

☒ 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. PAUL BOHELSKI

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 ▼

265.00

Date of Receipt

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

Transaction ID : C3942328

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. PAUL BOHELSKI

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C4017774

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. PAUL BOHELSKI

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2011

Transaction ID : C4372658

Amount of Each Receipt this Period

30.00

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

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

90.00

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 40 OF 370

☒ 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. Tod L Brown

Mailing Address 6674 Blackthorn Dr
Apt H

City State Zip Code
Indianapolis IN 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 ▼

550.00

Date of Receipt

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

Transaction ID : C3943267

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Tod L Brown

Mailing Address 6674 Blackthorn Dr
Apt H

City State Zip Code
Indianapolis IN 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 ▼

550.00

Date of Receipt

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

Transaction ID : C3943268

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Tod L Brown

Mailing Address 6674 Blackthorn Dr
Apt H

City State Zip Code
Indianapolis IN 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 ▼

550.00

Date of Receipt

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

Transaction ID : C3943269

Amount of Each Receipt this Period

50.00

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

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

150.00

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 41 OF 370

☒ 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. Tod L Brown

Mailing Address 6674 Blackthorn Dr
Apt H

City State Zip Code
Indianapolis IN 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 ▼

550.00

Date of Receipt

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

Transaction ID : C4383010

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Tod L Brown

Mailing Address 6674 Blackthorn Dr
Apt H

City State Zip Code
Indianapolis IN 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 ▼

550.00

Date of Receipt

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

Transaction ID : C4385151

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Tod L Brown

Mailing Address 6674 Blackthorn Dr
Apt H

City State Zip Code
Indianapolis IN 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 ▼

550.00

Date of Receipt

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

Transaction ID : C4460179

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 370

☒ 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. Tod L Brown

Mailing Address 6674 Blackthorn Dr
Apt H

City State Zip Code
Indianapolis IN 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 ▼

550.00

Date of Receipt

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

Transaction ID : C4462463

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Tod L Brown

Mailing Address 6674 Blackthorn Dr
Apt H

City State Zip Code
Indianapolis IN 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 ▼

550.00

Date of Receipt

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

Transaction ID : C4464767

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Juliet Casey

Mailing Address 1015 Howard Grove Ct

City State Zip Code
Davidsonville MD 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
07 / 18 / 2011

Transaction ID : C3942320

Amount of Each Receipt this Period

30.00

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

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

130.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 370

☒ 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. Juliet Casey

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

08 / 09 / 2011

Transaction ID : C3960793

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Juliet Casey

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

09 / 20 / 2011

Transaction ID : C3999533

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Juliet Casey

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C4017759

Amount of Each Receipt this Period

30.00

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 370

☒ 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. Juliet Casey

Mailing Address 1015 Howard Grove Ct

City State Zip Code
Davidsonville MD 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

11 / 08 / 2011

Transaction ID : C4372662

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Juliet Casey

Mailing Address 1015 Howard Grove Ct

City State Zip Code
Davidsonville MD 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

12 / 16 / 2011

Transaction ID : C4400919

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. ROBERT A CHUN

Mailing Address PO BOX 29329

City State Zip Code
HONOLULU HI 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 ▼

275.00

Date of Receipt

07 / 18 / 2011

Transaction ID : C3947205

Amount of Each Receipt this Period

25.00

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

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

100.00

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 370

(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 CHUN

Mailing Address PO BOX 29329

City
HONOLULU

State Zip Code
HI 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 ▼

275.00

Date of Receipt

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

Transaction ID : C3947206

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ROBERT A CHUN

Mailing Address PO BOX 29329

City
HONOLULU

State Zip Code
HI 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 ▼

275.00

Date of Receipt

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

Transaction ID : C3947207

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. ROBERT A CHUN

Mailing Address PO BOX 29329

City
HONOLULU

State Zip Code
HI 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 ▼

275.00

Date of Receipt

M M / D D / 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 370

(check only one)

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☐ 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 CHUN

Mailing Address PO BOX 29329

City State Zip Code
HONOLULU HI 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 ▼

275.00

Date of Receipt

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

Transaction ID : C4386000

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ROBERT A CHUN

Mailing Address PO BOX 29329

City State Zip Code
HONOLULU HI 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 ▼

275.00

Date of Receipt

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

Transaction ID : C4460962

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. ROBERT A CHUN

Mailing Address PO BOX 29329

City State Zip Code
HONOLULU HI 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 ▼

275.00

Date of Receipt

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

Transaction ID : C4463197

Amount of Each Receipt this Period

25.00

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

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

75.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 370

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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 CHUN

Mailing Address PO BOX 29329

City
HONOLULU

State Zip Code
HI 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 ▼

275.00

Date of Receipt

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

Transaction ID : C4465424

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY D CLARK

Mailing Address 861 B'S AND K'S RD

City
GALENA

State Zip Code
OH 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 ▼

330.00

Date of Receipt

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

Transaction ID : C3947230

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY D CLARK

Mailing Address 861 B'S AND K'S RD

City
GALENA

State Zip Code
OH 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 ▼

330.00

Date of Receipt

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

Transaction ID : C3947231

Amount of Each Receipt this Period

30.00

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

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

85.00

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 48 OF 370

☒ 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. TIMOTHY D CLARK

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 ▼

330.00

Date of Receipt

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

Transaction ID : C3947232

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY D CLARK

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 ▼

330.00

Date of Receipt

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

Transaction ID : C4383939

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY D CLARK

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 ▼

330.00

Date of Receipt

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

Transaction ID : C4386006

Amount of Each Receipt this Period

30.00

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

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

90.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 370

(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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OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. TIMOTHY D CLARK

Mailing Address 861 B'S AND K'S RD

City	State	Zip Code
GALENA	OH	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 ▼

330.00

Date of Receipt

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

Transaction ID : C4460969

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY D CLARK

Mailing Address 861 B'S AND K'S RD

City	State	Zip Code
GALENA	OH	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 ▼

330.00

Date of Receipt

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

Transaction ID : C4463204

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY D CLARK

Mailing Address 861 B'S AND K'S RD

City	State	Zip Code
GALENA	OH	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 ▼

330.00

Date of Receipt

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

Transaction ID : C4465431

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 370

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☒ 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. ERIC L COCHRAN

Mailing Address 705 SE BRICK

City State Zip Code
 BONDURANT IA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3948015

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ERIC L COCHRAN

Mailing Address 705 SE BRICK

City State Zip Code
 BONDURANT IA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3948016

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ERIC L COCHRAN

Mailing Address 1301 SE PRINCETON PL

City State Zip Code
 LEES SUMMIT MO 64081

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

Transaction ID : C3947299

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 370

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 L COCHRAN

Mailing Address 705 SE BRICK

City State Zip Code
 BONDURANT IA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4384180

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ERIC L COCHRAN

Mailing Address 705 SE BRICK

City State Zip Code
 BONDURANT IA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4386202

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ERIC L COCHRAN

Mailing Address 705 SE BRICK

City State Zip Code
 BONDURANT IA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4461135

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**

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FOR LINE NUMBER: PAGE 52 OF 370

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OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. ERIC L COCHRAN

Mailing Address 705 SE BRICK

City State Zip Code
BONDURANT IA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4463344

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ERIC L COCHRAN

Mailing Address 705 SE BRICK

City State Zip Code
BONDURANT IA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4465563

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
Los Angeles CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C3943874

Amount of Each Receipt this Period

150.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 53 OF 370

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 Los Angeles CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943875

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 Los Angeles CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943876

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 Los Angeles CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383149

Amount of Each Receipt this Period

150.00

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

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

450.00

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 370

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City	State	Zip Code
Los Angeles	CA	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	/	D	D	/	Y	Y	Y	Y
11		/	16		/	2011			

Transaction ID : C4385292

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City	State	Zip Code
Los Angeles	CA	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	/	D	D	/	Y	Y	Y	Y
11		/	16		/	2011			

Transaction ID : C4387659

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City	State	Zip Code
Los Angeles	CA	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	/	D	D	/	Y	Y	Y	Y
12		/	29		/	2011			

Transaction ID : C4460314

Amount of Each Receipt this Period

150.00

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

450.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 Los Angeles CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462593

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. David Cohen

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 Los Angeles CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4464897

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Income Life Ins.

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C3947383

Amount of Each Receipt this Period

150.00

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 370

(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. MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C3947384

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C3947385

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4383981

Amount of Each Receipt this Period

150.00

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 57 OF 370

(check only one)

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☐ 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. MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4386045

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4461002

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4463235

Amount of Each Receipt this Period

150.00

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

450.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 370

☒ 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. MICAH COHEN

Mailing Address 5700 WILSHIRE BLVD STE 480

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4465461

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. DEMARIO M COOPER

Mailing Address 4300 E BROADWAY

City State Zip Code
 ALORTON IL 62207

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 ▼

320.00

Date of Receipt

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

Transaction ID : C3948047

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. DEMARIO M COOPER

Mailing Address 4300 E BROADWAY

City State Zip Code
 ALORTON IL 62207

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 ▼

320.00

Date of Receipt

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

Transaction ID : C3948048

Amount of Each Receipt this Period

80.00

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

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

310.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 370

☒ 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. DEMARIO M COOPER

Mailing Address 4300 E BROADWAY

City
ALORTON

State Zip Code
IL 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

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

Transaction ID : C3948049

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. DEMARIO M COOPER

Mailing Address 4300 E BROADWAY

City
ALORTON

State Zip Code
IL 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

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

Transaction ID : C4384189

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. JAMES X CUNNINGHAM

Mailing Address 11559 CUMBERLAND RD STE 200

City
FISHERS

State Zip Code
IN 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

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

Transaction ID : C3948187

Amount of Each Receipt this Period

2.00

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

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

162.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 370

☒ 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 X CUNNINGHAM

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3948188

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JAMES X CUNNINGHAM

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3948189

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JAMES X CUNNINGHAM

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4386227

Amount of Each Receipt this Period

50.00

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

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

150.00

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 61 OF 370

☒ 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 X CUNNINGHAM

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4461152

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JAMES X CUNNINGHAM

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4463358

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JAMES X CUNNINGHAM

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465572

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 62 OF 370

(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. KEVIN DAVIS

Mailing Address 15 MORNING BREEZE CT

City State Zip Code
 SILVER SPRINGS MD 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 ▼

600.00

Date of Receipt

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

Transaction ID : C3948646

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. KEVIN DAVIS

Mailing Address 15 MORNING BREEZE CT

City State Zip Code
 SILVER SPRINGS MD 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 ▼

600.00

Date of Receipt

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

Transaction ID : C4384241

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. KEVIN DAVIS

Mailing Address 15 MORNING BREEZE CT

City State Zip Code
 SILVER SPRINGS MD 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 ▼

600.00

Date of Receipt

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

Transaction ID : C4386249

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 370

(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. KEVIN DAVIS

Mailing Address 15 MORNING BREEZE CT

City State Zip Code
 SILVER SPRINGS MD 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 ▼

600.00

Date of Receipt

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

Transaction ID : C4461167

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. KEVIN DAVIS

Mailing Address 15 MORNING BREEZE CT

City State Zip Code
 SILVER SPRINGS MD 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 ▼

600.00

Date of Receipt

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

Transaction ID : C4463371

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. KEVIN DAVIS

Mailing Address 15 MORNING BREEZE CT

City State Zip Code
 SILVER SPRINGS MD 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 ▼

600.00

Date of Receipt

M M / 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)..... ►

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 370

☒ 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. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943724

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943725

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943726

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 370

☒ 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. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383120

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4385262

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4387740

Amount of Each Receipt this Period

40.00

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

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

120.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 370

☒ 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. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4460285

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4462567

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 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 / 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)..... ►

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

120.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 370

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☐ 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. NARINDER S DHILLON

Mailing Address 6339 MACADAM WAY

City State Zip Code
 DIMONDALE MI 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
 07 18 2011

Transaction ID : C3947303

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. NARINDER S DHILLON

Mailing Address 6339 MACADAM WAY

City State Zip Code
 DIMONDALE MI 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
 07 18 2011

Transaction ID : C3947304

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. NARINDER S DHILLON

Mailing Address 6339 MACADAM WAY

City State Zip Code
 DIMONDALE MI 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
 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**

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FOR LINE NUMBER: PAGE 68 OF 370

(check only one)

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☐ 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. NARINDER S DHILLON

Mailing Address 6339 MACADAM WAY

City State Zip Code
 DIMONDALE MI 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

Full Name (Last, First, Middle Initial)

B. NARINDER S DHILLON

Mailing Address 6339 MACADAM WAY

City State Zip Code
 DIMONDALE MI 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

Full Name (Last, First, Middle Initial)

C. NARINDER S DHILLON

Mailing Address 6339 MACADAM WAY

City State Zip Code
 DIMONDALE MI 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

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

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

24.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 370

(check only one)

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☐ 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. NARINDER S DHILLON

Mailing Address 6339 MACADAM WAY

City State Zip Code
 DIMONDALE MI 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 : C4463223

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. NARINDER S DHILLON

Mailing Address 6339 MACADAM WAY

City State Zip Code
 DIMONDALE MI 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 : C4465449

Amount of Each Receipt this Period

8.00

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

American Income Life

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 : C3943368

Amount of Each Receipt this Period

300.00

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

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

316.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 370

☒ 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. STEVEN J DiCHIARO

Mailing Address 3337 GRENACHE ST

City
GREELEY

State Zip Code
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 ▼

3600.00

Date of Receipt

M M / 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
GREELEY

State Zip Code
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 ▼

3600.00

Date of Receipt

M M / 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
GREELEY

State Zip Code
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 ▼

3600.00

Date of Receipt

M M / 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)..... ►

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

900.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 370

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☐ 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. STEVEN J DiCHIARO

Mailing Address 3337 GRENACHE ST

City
GREELEY

State Zip Code
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 ▼

3600.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4385180

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. STEVEN J DiCHIARO

Mailing Address 3337 GRENACHE ST

City
GREELEY

State Zip Code
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 ▼

3600.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4387754

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. STEVEN J DiCHIARO

Mailing Address 3337 GRENACHE ST

City
GREELEY

State Zip Code
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 ▼

3600.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4460207

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 72 OF 370
(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. 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

American Income Life

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 : C4462491

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

American Income Life

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 : C4464795

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Jason P Dickson

Mailing Address 408 Blue Ridge Dr

City State Zip Code
 Moon Township PA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943312

Amount of Each Receipt this Period

25.00

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

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

625.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 370

(check only one)

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☐ 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. Jason P Dickson

Mailing Address 408 Blue Ridge Dr

City State Zip Code
 Moon Township PA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943313

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jason P Dickson

Mailing Address 408 Blue Ridge Dr

City State Zip Code
 Moon Township PA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943314

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Jason P Dickson

Mailing Address 408 Blue Ridge Dr

City State Zip Code
 Moon Township PA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383021

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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 370

☒ 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. Jason P Dickson

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

11 / 16 / 2011

Transaction ID : C4385166

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jason P Dickson

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

11 / 16 / 2011

Transaction ID : C4387757

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Jason P Dickson

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

12 / 29 / 2011

Transaction ID : C4464780

Amount of Each Receipt this Period

25.00

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

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

75.00

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 370

(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. Jason P Dickson

Mailing Address 408 Blue Ridge Dr

City State Zip Code
Moon Township PA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4460192

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jason P Dickson

Mailing Address 408 Blue Ridge Dr

City State Zip Code
Moon Township PA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4462476

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. JOSEPH DIECEDUE

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

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
07 18 2011

Transaction ID : C3947306

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**

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FOR LINE NUMBER:
(check only one)

PAGE 76 OF 370

☒ 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. JOSEPH DIECEDUE

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

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
 07 18 2011

Transaction ID : C3947307

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JOSEPH DIECEDUE

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

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
 07 18 2011

Transaction ID : C3947308

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JOSEPH DIECEDUE

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

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
 11 16 2011

Transaction ID : C4383964

Amount of Each Receipt this Period

100.00

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

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 370

(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. JOSEPH DIECEDUE

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

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

Full Name (Last, First, Middle Initial)

B. JOSEPH DIECEDUE

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

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

Full Name (Last, First, Middle Initial)

C. JOSEPH DIECEDUE

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

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

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

300.00

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

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

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FOR LINE NUMBER:
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PAGE 78 OF 370

☒ 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. JOSEPH DIECEDUE

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

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 : C4465451

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DESI DIMITROVA

Mailing Address 15206 JUPITER ST

City State Zip Code
WHITTIER CA 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3944773

Amount of Each Receipt this Period

2.00

Full Name (Last, First, Middle Initial)

C. DESI DIMITROVA

Mailing Address 15206 JUPITER ST

City State Zip Code
WHITTIER CA 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 / 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)..... ►

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

202.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 370

(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. DESI DIMITROVA

Mailing Address 15206 JUPITER ST

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3944775

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DESI DIMITROVA

Mailing Address 15206 JUPITER ST

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383358

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DESI DIMITROVA

Mailing Address 15206 JUPITER ST

City State Zip Code
 WHITTIER CA 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 / 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)..... ►

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 370

(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. DESI DIMITROVA

Mailing Address 15206 JUPITER ST

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4460496

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DESI DIMITROVA

Mailing Address 15206 JUPITER ST

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462764

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DESI DIMITROVA

Mailing Address 15206 JUPITER ST

City State Zip Code
 WHITTIER CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465049

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 81 OF 370

☒ 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. Mary Dunn

Mailing Address 9333 SW 22 st

City State Zip Code
 Oklahoma City OK 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3942578

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mary Dunn

Mailing Address 9333 SW 22 st

City State Zip Code
 Oklahoma City OK 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 / D D / Y Y Y Y Y Y
 08 09 2011

Transaction ID : C3960751

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Mary Dunn

Mailing Address 9333 SW 22 st

City State Zip Code
 Oklahoma City OK 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 / D D / Y Y Y Y Y Y
 09 15 2011

Transaction ID : C3995693

Amount of Each Receipt this Period

20.00

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

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

60.00

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 82 OF 370

☒ 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. Mary Dunn

Mailing Address 9333 SW 22 st

City State Zip Code
 Oklahoma City OK 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 / D D / Y Y Y Y Y Y
 10 / 05 / 2011

Transaction ID : C4011975

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mary Dunn

Mailing Address 9333 SW 22 st

City State Zip Code
 Oklahoma City OK 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 / D D / Y Y Y Y Y Y
 11 / 08 / 2011

Transaction ID : C4382355

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mary Dunn

Mailing Address 9333 SW 22 st

City State Zip Code
 Oklahoma City OK 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 / D D / Y Y Y Y Y Y
 12 / 02 / 2011

Transaction ID : C4401521

Amount of Each Receipt this Period

10.00

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

50.00

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

SCHEDULE A (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 370

☒ 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. Mary Dunn

Mailing Address 9333 SW 22 st

City State Zip Code
 Oklahoma City OK 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4468535

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. GREGORY J ENGRAV

Mailing Address 4143 245TH ST NE

City State Zip Code
 SOLON IA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947309

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. GREGORY J ENGRAV

Mailing Address 4143 245TH ST NE

City State Zip Code
 SOLON IA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947310

Amount of Each Receipt this Period

100.00

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

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

220.00

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

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

FOR LINE NUMBER: PAGE 84 OF 370

(check only one)

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

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. GREGORY J ENGRAV

Mailing Address 4143 245TH ST NE

City	State	Zip Code
OLON	IA	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
07		18		2011

Transaction ID : C3947311

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	State	Zip Code
OLON	IA	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
11		16		2011

Transaction ID : C4383965

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. GREGORY J ENGRAV

Mailing Address 4143 245TH ST NE

City	State	Zip Code
OLON	IA	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
11		16		2011

Transaction ID : C4386032

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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 370

☒ 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
OLON

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

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
OLON

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

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

07 / 18 / 2011

Transaction ID : C3943512

Amount of Each Receipt this Period

240.00

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

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

440.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 370

(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. 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 ▼

720.00

Date of Receipt

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

Transaction ID : C4389069

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

720.00

Date of Receipt

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

Transaction ID : C4462402

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

1100.00

Date of Receipt

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

Transaction ID : C3947312

Amount of Each Receipt this Period

100.00

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

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

580.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 370

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. 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 ▼

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

Full Name (Last, First, Middle Initial)

B. 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 ▼

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

Full Name (Last, First, Middle Initial)

C. 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 ▼

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 370

(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

American Income Life

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 : C4386654

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

1100.00

Date of Receipt

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

Transaction ID : C4461472

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

1100.00

Date of Receipt

M M / 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)..... ►

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

300.00

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 89 OF 370

☒ 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

American Income Life

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 : 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

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / 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

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / 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)..... ►

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

500.00

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 370

(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. 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

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : C3947400

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City State Zip Code
CONCORD CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American Income Life

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID : C3943937

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City State Zip Code
CONCORD CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American Income Life

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID : C3943938

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 91 OF 370

(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. Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City	State	Zip Code
CONCORD	CA	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	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	1	1

Transaction ID : C3943942

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City	State	Zip Code
CONCORD	CA	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	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	1

Transaction ID : C4383171

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City	State	Zip Code
CONCORD	CA	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	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	1

Transaction ID : C4385314

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 370

(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. Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City State Zip Code
CONCORD CA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4462615

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City State Zip Code
CONCORD CA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4464918

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Donald Foti

Mailing Address 4071 PORT CHICAGO HWY ST 200

City State Zip Code
CONCORD CA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4460336

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 93 OF 370

(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. SUSAN Fuldauer

Mailing Address 7229 KINGMAN CIR

City State Zip Code
 INDIANAPOLIS IN 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943340

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. SUSAN Fuldauer

Mailing Address 7229 KINGMAN CIR

City State Zip Code
 INDIANAPOLIS IN 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4389066

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. SUSAN Fuldauer

Mailing Address 7229 KINGMAN CIR

City State Zip Code
 INDIANAPOLIS IN 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462405

Amount of Each Receipt this Period

90.00

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

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

270.00

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

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

FOR LINE NUMBER: PAGE 94 OF 370

(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 State Zip Code
 SAN DIEGO CA 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 Y Y
 07 18 2011

Transaction ID : C3947386

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 State Zip Code
 SAN DIEGO CA 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 Y Y
 07 18 2011

Transaction ID : C3947387

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. CINDY FURER

Mailing Address 5703 OBERLIN DR SUITE 106

City State Zip Code
 SAN DIEGO CA 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 Y Y
 07 18 2011

Transaction ID : C3947388

Amount of Each Receipt this Period

150.00

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 OF 370

☒ 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 State Zip Code
 SAN DIEGO CA 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 Y Y
 11 16 2011

Transaction ID : C4383983

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 State Zip Code
 SAN DIEGO CA 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 Y Y
 11 16 2011

Transaction ID : C4386047

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. CINDY FURER

Mailing Address 5703 OBERLIN DR SUITE 106

City State Zip Code
 SAN DIEGO CA 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 Y Y
 12 29 2011

Transaction ID : C4463237

Amount of Each Receipt this Period

150.00

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

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

450.00

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 96 OF 370

☒ 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 State Zip Code
 SAN DIEGO CA 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 Y Y
 12 29 2011

Transaction ID : C4465462

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 State Zip Code
 SAN DIEGO CA 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 Y Y
 12 29 2011

Transaction ID : C4461004

Amount of Each Receipt this Period

150.00

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

American Income Life Ins.

Occupation

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
 07 18 2011

Transaction ID : C3947138

Amount of Each Receipt this Period

20.00

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

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

320.00

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 97 OF 370

☒ 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

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

M M / 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

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

M M / 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

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

M M / 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)..... ►

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

60.00

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 370

(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

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 : C4385983

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

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 : C4460944

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

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 : C4463179

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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 OF 370

☒ 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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4465406

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ERIC GIGLIONE

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
CEATONTOWN NJ 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

07 / 18 / 2011

Transaction ID : C3948873

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. ERIC GIGLIONE

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
CEATONTOWN NJ 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

07 / 18 / 2011

Transaction ID : C3948874

Amount of Each Receipt this Period

400.00

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

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

820.00

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

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FOR LINE NUMBER: PAGE 100 OF 370
(check only one)

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☐ 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. ERIC GIGLIONE

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
 CEATONTOWN NJ 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 / 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 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 ▼

1000.00

Date of Receipt

M M / 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

City State Zip Code
 CEATONTOWN NJ 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 / D D / Y Y Y Y Y Y
 11 / 16 / 2011

Transaction ID : C4384923

Amount of Each Receipt this Period

400.00

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

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 370

☒ 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. ERIC GIGLIONE

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
 CEATONTOWN NJ 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4386778

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. ERIC GIGLIONE

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
 CEATONTOWN NJ 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462274

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. ERIC GIGLIONE

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
 CEATONTOWN NJ 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4464194

Amount of Each Receipt this Period

400.00

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

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. ERIC GIGLIONE

Mailing Address 151 INDUSTRIAL WAY EAST BLDG

City State Zip Code
 CEATONTOWN NJ 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 / 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 State Zip Code
 San Diego CA 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 / 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 State Zip Code
 San Diego CA 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 / D D / Y Y Y Y Y Y
 08 22 2011

Transaction ID : C3964269

Amount of Each Receipt this Period

60.00

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

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

480.00

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 103 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Marianne Giordano

Mailing Address 5585 Brunswick Ave

City State Zip Code
 San Diego CA 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 / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : C3999458

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Marianne Giordano

Mailing Address 5585 Brunswick Ave

City State Zip Code
 San Diego CA 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 / D D / Y Y Y Y Y Y
 10 / 25 / 2011

Transaction ID : C4281301

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Marianne Giordano

Mailing Address 5585 Brunswick Ave

City State Zip Code
 San Diego CA 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 / 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)..... ►

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

100.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 OF 370

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☐ 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. 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4468115

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. NOE A GONZALES

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 ▼

360.00

Date of Receipt

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

Transaction ID : C3947239

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. NOE A GONZALES

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 ▼

360.00

Date of Receipt

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

Transaction ID : C3947240

Amount of Each Receipt this Period

40.00

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

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

100.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 370

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☐ 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. NOE A GONZALES

Mailing Address 5432 LA SALLE WAY

City State Zip Code
 VALLEJO CA 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 ▼

360.00

Date of Receipt

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

Transaction ID : C3947241

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. NOE A GONZALES

Mailing Address 5432 LA SALLE WAY

City State Zip Code
 VALLEJO CA 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 ▼

360.00

Date of Receipt

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

Transaction ID : C4383944

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. NOE A GONZALES

Mailing Address 5432 LA SALLE WAY

City State Zip Code
 VALLEJO CA 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 ▼

360.00

Date of Receipt

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

Transaction ID : C4386011

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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FOR LINE NUMBER:
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PAGE 106 OF 370

☒ 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. NOE A GONZALES

Mailing Address 5432 LA SALLE WAY

City State Zip Code
 VALLEJO CA 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 ▼

360.00

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

Full Name (Last, First, Middle Initial)

B. NOE A GONZALES

Mailing Address 5432 LA SALLE WAY

City State Zip Code
 VALLEJO CA 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 ▼

360.00

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

Full Name (Last, First, Middle Initial)

C. NOE A GONZALES

Mailing Address 5432 LA SALLE WAY

City State Zip Code
 VALLEJO CA 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 ▼

360.00

Date of Receipt

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

Transaction ID : C4465435

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
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PAGE 107 OF 370

☒ 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. JOSHUA B GOODMAN

Mailing Address 14009 WEST 30TH LN

City
GOLDEN

State Zip Code
CO 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 ▼

220.00

Date of Receipt

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

Transaction ID : C3947145

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JOSHUA B GOODMAN

Mailing Address 14009 WEST 30TH LN

City
GOLDEN

State Zip Code
CO 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 ▼

220.00

Date of Receipt

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

Transaction ID : C3947146

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JOSHUA B GOODMAN

Mailing Address 14009 WEST 30TH LN

City
GOLDEN

State Zip Code
CO 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 ▼

220.00

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

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

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

60.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 370

☒ 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. JOSHUA B GOODMAN

Mailing Address 14009 WEST 30TH LN

City
GOLDEN

State Zip Code
CO 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 ▼

220.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4383918

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JOSHUA B GOODMAN

Mailing Address 14009 WEST 30TH LN

City
GOLDEN

State Zip Code
CO 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 ▼

220.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4385985

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JOSHUA B GOODMAN

Mailing Address 14009 WEST 30TH LN

City
GOLDEN

State Zip Code
CO 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 ▼

220.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4460946

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)
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 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 109 OF 370

<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. JOSHUA B GOODMAN

Mailing Address 14009 WEST 30TH LN

City	State	Zip Code
GOLDEN	CO	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 ▼

220.00

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

Full Name (Last, First, Middle Initial)

B. JOSHUA B GOODMAN

Mailing Address 14009 WEST 30TH LN

City	State	Zip Code
GOLDEN	CO	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 ▼

220.00

Date of Receipt

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

Transaction ID : C4465408

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MARK R GORMAN

Mailing Address 4337 SWEET CLOVER LN

City	State	Zip Code
CROWLEY	TX	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

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

Transaction ID : C3947318

Amount of Each Receipt this Period

100.00

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

140.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 OF 370

☒ 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 R GORMAN

Mailing Address 4337 SWEET CLOVER LN

City State Zip Code
 CROWLEY TX 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

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

Transaction ID : C3947319

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MARK R GORMAN

Mailing Address 4337 SWEET CLOVER LN

City State Zip Code
 CROWLEY TX 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

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

Transaction ID : C3947320

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MARK R GORMAN

Mailing Address 4337 SWEET CLOVER LN

City State Zip Code
 CROWLEY TX 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

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

Transaction ID : C4383966

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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PAGE 111 OF 370

☒ 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 R GORMAN

Mailing Address 4337 SWEET CLOVER LN

City State Zip Code
CROWLEY TX 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

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

Transaction ID : C4386033

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MARK R GORMAN

Mailing Address 4337 SWEET CLOVER LN

City State Zip Code
CROWLEY TX 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

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

Transaction ID : C4460992

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MARK R GORMAN

Mailing Address 4337 SWEET CLOVER LN

City State Zip Code
CROWLEY TX 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

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

Transaction ID : C4463227

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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PAGE 112 OF 370

☒ 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. Erik J Graham

Mailing Address 9741 RESEDA BLVD
#39

City State Zip Code
NORTHRIDGE CA 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

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

Transaction ID : C3943242

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Erik J Graham

Mailing Address 9741 RESEDA BLVD
#39

City State Zip Code
NORTHRIDGE CA 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

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

Transaction ID : C3943243

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Erik J Graham

Mailing Address 9741 RESEDA BLVD
#39

City State Zip Code
NORTHRIDGE CA 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

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

Transaction ID : C3943244

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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FOR LINE NUMBER: PAGE 113 OF 370

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

A. Erik J Graham

Mailing Address 9741 RESEDA BLVD
#39

City State Zip Code
NORTHRIDGE CA 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

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

Transaction ID : C4383002

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Erik J Graham

Mailing Address 9741 RESEDA BLVD
#39

City State Zip Code
NORTHRIDGE CA 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

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

Transaction ID : C4385143

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Erik J Graham

Mailing Address 9741 RESEDA BLVD
#39

City State Zip Code
NORTHRIDGE CA 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

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

Transaction ID : C4387923

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 370

☒ 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. Erik J Graham

Mailing Address 9741 RESEDA BLVD
#39

City State Zip Code
NORTHRIDGE CA 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

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

Transaction ID : C4460171

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Erik J Graham

Mailing Address 9741 RESEDA BLVD
#39

City State Zip Code
NORTHRIDGE CA 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

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

Transaction ID : C4462455

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Erik J Graham

Mailing Address 9741 RESEDA BLVD
#39

City State Zip Code
NORTHRIDGE CA 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

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

Transaction ID : C4464759

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 370

☒ 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. Arthur J 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 ▼

700.00

Date of Receipt

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

Transaction ID : C3947324

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Arthur J 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 ▼

700.00

Date of Receipt

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

Transaction ID : C3947325

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Arthur J 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 ▼

700.00

Date of Receipt

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

Transaction ID : C3947326

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 116 OF 370

☒ 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. Arthur J 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 ▼

700.00

Date of Receipt

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

Transaction ID : C4387931

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steven K 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 ▼

3300.00

Date of Receipt

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

Transaction ID : C3943721

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Steven K 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 ▼

3300.00

Date of Receipt

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

Transaction ID : C3943722

Amount of Each Receipt this Period

300.00

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

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

700.00

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

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

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PAGE 117 OF 370

☒ 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. Steven K Greer

Mailing Address 43 Nocturne Woods Pl

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 ▼

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

Full Name (Last, First, Middle Initial)

B. STEVEN K GREER

Mailing Address PO Box 208

City State Zip Code
Waco TX 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

Full Name (Last, First, Middle Initial)

C. Steven K Greer

Mailing Address 43 Nocturne Woods Pl

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 ▼

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)..... ►

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

900.00

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

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

FOR LINE NUMBER:
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PAGE 118 OF 370

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☐ 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. Steven K Greer

Mailing Address 43 Nocturne Woods Pl

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 ▼

3300.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4385261

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Steven K Greer

Mailing Address 43 Nocturne Woods Pl

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 ▼

3300.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4460284

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Steven K Greer

Mailing Address 43 Nocturne Woods Pl

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 ▼

3300.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4462566

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**

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Detailed Summary Page

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PAGE 119 OF 370

☒ 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. Steven K Greer

Mailing Address 43 Nocturne Woods Pl

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 ▼

3300.00

Date of Receipt

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

Transaction ID : C4464870

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Kelly Gschwend

Mailing Address 621 Sequoia St

City State Zip Code
Brentwood CA 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

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

Transaction ID : C3950063

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Kelly Gschwend

Mailing Address 621 Sequoia St

City State Zip Code
Brentwood CA 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

M M / D D / Y Y Y Y Y Y
09 15 2011

Transaction ID : C3995841

Amount of Each Receipt this Period

32.00

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

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

342.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 370
(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. Kelly Gschwend

Mailing Address 621 Sequoia St

City State Zip Code
Brentwood CA 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

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : C4003251

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Kelly Gschwend

Mailing Address 621 Sequoia St

City State Zip Code
Brentwood CA 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

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C4048697

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Kelly Gschwend

Mailing Address 621 Sequoia St

City State Zip Code
Brentwood CA 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

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

Transaction ID : C4372754

Amount of Each Receipt this Period

40.00

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

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

120.00

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 370

(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. Kelly Gschwend

Mailing Address 621 Sequoia St

City State Zip Code
 Brentwood CA 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

M M / D D / Y Y Y Y Y Y
 12 27 2011

Transaction ID : C4468605

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. RONALD J GURNEY

Mailing Address 5 WILDERFIELD CT

City State Zip Code
 LUTHERVILLE MD 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

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

Transaction ID : C3948635

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. RONALD J GURNEY

Mailing Address 5 WILDERFIELD CT

City State Zip Code
 LUTHERVILLE MD 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

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

Transaction ID : C3948636

Amount of Each Receipt this Period

100.00

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 122 OF 370

(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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID : C3948637

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID : C4384239

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID : C4386247

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 123 OF 370

(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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 370

☒ 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. DARRON C HACKER

Mailing Address 777 WORTHINGTON WOODS BLVD #20

City State Zip Code
 WORTHINGTON OH 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

07 / 18 / 2011

Transaction ID : C3947148

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DARRON C HACKER

Mailing Address 777 WORTHINGTON WOODS BLVD #20

City State Zip Code
 WORTHINGTON OH 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

07 / 18 / 2011

Transaction ID : C3947149

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DARRON C HACKER

Mailing Address 777 WORTHINGTON WOODS BLVD #20

City State Zip Code
 WORTHINGTON OH 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

07 / 18 / 2011

Transaction ID : C3947150

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 125 OF 370

(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. DARRON C HACKER

Mailing Address 777 WORTHINGTON WOODS BLVD #20

City State Zip Code
WORTHINGTON OH 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 / D D / Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383919

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DARRON C HACKER

Mailing Address 777 WORTHINGTON WOODS BLVD #20

City State Zip Code
WORTHINGTON OH 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 / D D / Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4385986

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DARRON C HACKER

Mailing Address 777 WORTHINGTON WOODS BLVD #20

City State Zip Code
WORTHINGTON OH 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 / D D / Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4460947

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 370

☒ 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. DARRON C HACKER

Mailing Address 777 WORTHINGTON WOODS BLVD #20

City State Zip Code
 WORTHINGTON OH 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 / D D / Y Y Y Y Y
 12 29 2011

Transaction ID : C4463182

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DARRON C HACKER

Mailing Address 777 WORTHINGTON WOODS BLVD #20

City State Zip Code
 WORTHINGTON OH 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 / D D / Y Y Y Y Y
 12 29 2011

Transaction ID : C4465409

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. FREDER HADAYIA

Mailing Address PO Box 208

City State Zip Code
 Waco TX 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
 11 16 2011

Transaction ID : C4387957

Amount of Each Receipt this Period

300.00

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

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

340.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 370
(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. FREDERICK HADAYIA

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 Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2404.00

Date of Receipt

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

Transaction ID : C3947417

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. FREDERICK HADAYIA

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 Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2404.00

Date of Receipt

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

Transaction ID : C3947418

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. FREDERICK HADAYIA

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 Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2404.00

Date of Receipt

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

Transaction ID : C3947419

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 128 OF 370

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. FREDERICK HADAYIA

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 Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2404.00

Date of Receipt

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

Transaction ID : C4386056

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. FREDERICK HADAYIA

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 Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2404.00

Date of Receipt

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

Transaction ID : C4461013

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. FREDERICK HADAYIA

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 Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2404.00

Date of Receipt

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

Transaction ID : C4463244

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 129 OF 370

☒ 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. FREDERICK HADAYIA

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 Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2404.00

Date of Receipt

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

Transaction ID : C4465469

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. 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

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

Transaction ID : C4383045

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

3300.00

Date of Receipt

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

Transaction ID : C3943282

Amount of Each Receipt this Period

300.00

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

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

900.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 370

(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 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 ▼

3300.00

Date of Receipt

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

Transaction ID : C3943283

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

3300.00

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

Full Name (Last, First, Middle Initial)

C. MARK HANCOCK

Mailing Address PO Box 208

City State Zip Code
 Waco TX 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 : C4387970

Amount of Each Receipt this Period

300.00

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

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

900.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 131 OF 370

☒ 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 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 ▼

3300.00

Date of Receipt

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

Transaction ID : C4383013

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

3300.00

Date of Receipt

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

Transaction ID : C4385158

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

3300.00

Date of Receipt

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

Transaction ID : C4460184

Amount of Each Receipt this Period

300.00

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

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

900.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 132 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. 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 ▼

3300.00

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

Full Name (Last, First, Middle Initial)

B. 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 ▼

3300.00

Date of Receipt

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

Transaction ID : C4464772

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. STEVE Y HARTMAN

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
 American Income Life Ins.

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C3947481

Amount of Each Receipt this Period

300.00

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

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

900.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 370
(check only one)

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☐ 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. STEVE Y HARTMAN

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

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C3947423

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. STEVE Y HARTMAN

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

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C3947424

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. STEVE Y HARTMAN

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

Transaction ID : C4387985

Amount of Each Receipt this Period

300.00

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

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

900.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 134 OF 370

☒ 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. STEVE Y HARTMAN

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4384004

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. STEVE Y HARTMAN

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4386070

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. STEVE Y HARTMAN

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4461025

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 135 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. STEVE Y HARTMAN

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4463255

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. STEVE Y HARTMAN

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : C4465480

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DAVID HAUSMAN

Mailing Address PO Box 208

City State Zip Code
Waco TX 76703-0208

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Income Life

Occupation

Information Requested

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
07 18 2011

Transaction ID : C3949454

Amount of Each Receipt this Period

200.00

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

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

800.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 136 OF 370

☒ 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 HAUSMAN

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

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4389337

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Rob Hay

Mailing Address 4405 COX RD STE 110

City

GLEN ALLEN

State

VA

Zip Code

23060

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 18 / 2011

Transaction ID : C3943855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rob Hay

Mailing Address 4405 COX RD STE 110

City

GLEN ALLEN

State

VA

Zip Code

23060

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 18 / 2011

Transaction ID : C3943856

Amount of Each Receipt this Period

250.00

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

TOTAL 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:
(check only one)

PAGE 137 OF 370

☒ 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. ROB HAY

Mailing Address 5515 5540 FALMOUTH ST

City State Zip Code
RICHMOND VA 23230

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C3949463

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C4387996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROB HAY

Mailing Address 5515 5540 FALMOUTH ST

City State Zip Code
RICHMOND VA 23230

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C4384370

Amount of Each Receipt this Period

250.00

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

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

750.00

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 138 OF 370

☒ 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. ROB HAY

Mailing Address 5515 5540 FALMOUTH ST

City State Zip Code
 RICHMOND VA 23230

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C4386361

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ROB HAY

Mailing Address 5515 5540 FALMOUTH ST

City State Zip Code
 RICHMOND VA 23230

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C4461255

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROB HAY

Mailing Address 5515 5540 FALMOUTH ST

City State Zip Code
 RICHMOND VA 23230

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C4463451

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 139 OF 370

(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. ROB HAY

Mailing Address 5515 5540 FALMOUTH ST

City	State	Zip Code
RICHMOND	VA	23230

FEC ID number of contributing federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C4465650

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Willie Hayden

Mailing Address 10 Kingsbury Rd

City	State	Zip Code
Spencer	MA	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

Full Name (Last, First, Middle Initial)

C. Willie Hayden

Mailing Address 10 Kingsbury Rd

City	State	Zip Code
Spencer	MA	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

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

310.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 370

☒ 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. Willie Hayden

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

Transaction ID : C3943661

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Willie Hayden

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

Transaction ID : C4383941

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Willie Hayden

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

Transaction ID : C4386007

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 370

☒ 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. Willie Hayden

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4387997

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Willie Hayden

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4460970

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Willie Hayden

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4463205

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 370
(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. Willie Hayden

Mailing Address 10 Kingsbury Rd

City State Zip Code
 Spencer MA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465432

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City State Zip Code
 Hixson TN 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
 07 18 2011

Transaction ID : C3942325

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City State Zip Code
 Hixson TN 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
 08 09 2011

Transaction ID : C3960794

Amount of Each Receipt this Period

40.00

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

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

110.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 370

(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 State Zip Code
Hixson TN 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
09 / 20 / 2011

Transaction ID : C3999540

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City State Zip Code
Hixson TN 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)

C. Billie Faye Headrick

Mailing Address 3935 Hamill Rd

City State Zip Code
Hixson TN 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

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

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

120.00

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 370
(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
☐ Other (specify) ▼

☐ General

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

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C3947259

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C3947260

Amount of Each Receipt this Period

50.00

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

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

160.00

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

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

FOR LINE NUMBER: PAGE 145 OF 370

(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 State Zip Code
 CHAMPAIGN IL 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
 07 18 2011

Transaction ID : C3947261

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 State Zip Code
 CHAMPAIGN IL 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

Full Name (Last, First, Middle Initial)

C. WILLIAM D HEATH

Mailing Address 811 S PINE ST

City State Zip Code
 CHAMPAIGN IL 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

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

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

150.00

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 146 OF 370

☒ 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 Zip Code
IL 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

Full Name (Last, First, Middle Initial)

B. WILLIAM D HEATH

Mailing Address 811 S PINE ST

City
CHAMPAIGN

State Zip Code
IL 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 : C4463213

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 Zip Code
IL 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 : C4465439

Amount of Each Receipt this Period

50.00

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

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

150.00

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 147 OF 370

☒ 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. MATT M HENDERSON

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
07 / 18 / 2011

Transaction ID : C3947414

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MATT M HENDERSON

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
07 / 18 / 2011

Transaction ID : C3947415

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MATT M HENDERSON

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
07 / 18 / 2011

Transaction ID : C3947416

Amount of Each Receipt this Period

250.00

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

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

750.00

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 148 OF 370

☒ 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. MATT M HENDERSON

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

Full Name (Last, First, Middle Initial)

B. MATT M HENDERSON

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

11 / 16 / 2011

Transaction ID : C4383991

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MATT M HENDERSON

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

11 / 16 / 2011

Transaction ID : C4386055

Amount of Each Receipt this Period

250.00

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

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

750.00

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 149 OF 370

☒ 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. 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

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
 12 29 2011

Transaction ID : C4461012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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

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
 12 29 2011

Transaction ID : C4463243

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. 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

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
 12 29 2011

Transaction ID : C4465468

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 150 OF 370

☒ 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. 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

American Income Life

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
 07 18 2011

Transaction ID : C3943849

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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

American Income Life

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
 07 18 2011

Transaction ID : C3943850

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. 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

American Income Life

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
 07 18 2011

Transaction ID : C3943851

Amount of Each Receipt this Period

100.00

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

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

300.00

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 370

(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. 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

American Income Life

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 : C4383146

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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

American Income Life

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 : C4385289

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. 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

American Income Life

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 : C4460311

Amount of Each Receipt this Period

100.00

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

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

300.00

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 152 OF 370

☒ 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. 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

American Income Life

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 : C4462590

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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

American Income Life

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 : C4464893

Amount of Each Receipt this Period

100.00

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

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 Y Y
07 18 2011

Transaction ID : C3943286

Amount of Each Receipt this Period

20.00

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

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

220.00

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

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

FOR LINE NUMBER: PAGE 153 OF 370

(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

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 Y Y
07 18 2011

Transaction ID : C3943287

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

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 Y Y
07 18 2011

Transaction ID : C3943288

Amount of Each Receipt this Period

20.00

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

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 Y Y
07 18 2011

Transaction ID : C3943293

Amount of Each Receipt this Period

30.00

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

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

70.00

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 154 OF 370

☒ 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

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 Y Y
 11 16 2011

Transaction ID : C4383014

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

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 Y Y
 11 16 2011

Transaction ID : C4385159

Amount of Each Receipt this Period

20.00

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

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 Y Y
 11 16 2011

Transaction ID : C4388018

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 155 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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

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 Y Y
 11 16 2011

Transaction ID : C4389058

Amount of Each Receipt this Period

30.00

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

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 Y Y
 12 29 2011

Transaction ID : C4460185

Amount of Each Receipt this Period

20.00

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

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 Y Y
 12 29 2011

Transaction ID : C4462409

Amount of Each Receipt this Period

30.00

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

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

80.00

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 156 OF 370

☒ 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

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 Y Y
 12 29 2011

Transaction ID : C4462469

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

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 Y Y
 12 29 2011

Transaction ID : C4464773

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MATTHEW P HOGAN

Mailing Address 1701B ELLINGTON RD

City State Zip Code
 CONYERS GA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947327

Amount of Each Receipt this Period

100.00

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 157 OF 370

(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. MATTHEW P HOGAN

Mailing Address 1701B ELLINGTON RD

City State Zip Code
 CONYERS GA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947328

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MATTHEW P HOGAN

Mailing Address 1701B ELLINGTON RD

City State Zip Code
 CONYERS GA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947329

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MATTHEW P HOGAN

Mailing Address 1701B ELLINGTON RD

City State Zip Code
 CONYERS GA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383967

Amount of Each Receipt this Period

100.00

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

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

300.00

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 370
(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. MATTHEW P HOGAN

Mailing Address 1701B ELLINGTON RD

City State Zip Code
 CONYERS GA 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 / D D / Y Y Y Y Y Y
 11 / 16 / 2011

Transaction ID : C4386034

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MATTHEW P HOGAN

Mailing Address 1701B ELLINGTON RD

City State Zip Code
 CONYERS GA 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 / D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : C4463228

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MATTHEW P HOGAN

Mailing Address 1701B ELLINGTON RD

City State Zip Code
 CONYERS GA 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 / D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : C4465452

Amount of Each Receipt this Period

100.00

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

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

300.00

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 159 OF 370

☒ 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. MATTHEW P HOGAN

Mailing Address 1701B ELLINGTON RD

City
CONYERS

State Zip Code
GA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4460993

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lynnette T Howard

Mailing Address 3229 E Foothill Blvd

City
Pasadena

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3949826

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lynnette T Howard

Mailing Address 3229 E Foothill Blvd

City
Pasadena

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
08 09 2011

Transaction ID : C3960778

Amount of Each Receipt this Period

25.00

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

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

145.00

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 160 OF 370

☒ 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. Lynnette T Howard

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

09 / 15 / 2011

Transaction ID : C3995858

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lynnette T Howard

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

10 / 05 / 2011

Transaction ID : C4012392

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Lynnette T Howard

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

10 / 31 / 2011

Transaction ID : C4331920

Amount of Each Receipt this Period

20.00

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

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

65.00

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 161 OF 370

☒ 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. Lynnette T Howard

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2011

Transaction ID : C4400655

Amount of Each Receipt this Period

20.00

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
☐ Other (specify) ▼

☐ General

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

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

☐ General

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

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

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

80.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 370
(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. MARCUS HOWARD

Mailing Address 2045 BIG TREE DR

City State Zip Code
COLUMBUS OH 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

Full Name (Last, First, Middle Initial)

B. MARCUS HOWARD

Mailing Address 2045 BIG TREE DR

City State Zip Code
COLUMBUS OH 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
11 / 16 / 2011

Transaction ID : C4383942

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. MARCUS HOWARD

Mailing Address 2045 BIG TREE DR

City State Zip Code
COLUMBUS OH 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
11 / 16 / 2011

Transaction ID : C4386009

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 163 OF 370
(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. MARCUS HOWARD

Mailing Address 2045 BIG TREE DR

City State Zip Code
COLUMBUS OH 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
12 29 2011

Transaction ID : C4460972

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MARCUS HOWARD

Mailing Address 2045 BIG TREE DR

City State Zip Code
COLUMBUS OH 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
12 29 2011

Transaction ID : C4463207

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. MARCUS HOWARD

Mailing Address 2045 BIG TREE DR

City State Zip Code
COLUMBUS OH 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
12 29 2011

Transaction ID : C4465433

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 164 OF 370

(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 State Zip Code
SEAL BEACH CA 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3943279

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David T Iriye

Mailing Address 3540 COLUMBINE ST

City State Zip Code
SEAL BEACH CA 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3943280

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. David T Iriye

Mailing Address 3540 COLUMBINE ST

City State Zip Code
SEAL BEACH CA 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3943281

Amount of Each Receipt this Period

25.00

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

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

75.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 165 OF 370
(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 State Zip Code
SEAL BEACH CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4385154

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David T Iriye

Mailing Address 3540 COLUMBINE ST

City State Zip Code
SEAL BEACH CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4385155

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. David T Iriye

Mailing Address 3540 COLUMBINE ST

City State Zip Code
SEAL BEACH CA 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4460182

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 166 OF 370

(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 State Zip Code
 SEAL BEACH CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462467

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David T Iriye

Mailing Address 3540 COLUMBINE ST

City State Zip Code
 SEAL BEACH CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4464771

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. John W Jatoft

Mailing Address 4071 PORT CHICAGO HWY
 Suite 200

City State Zip Code
 CONCORD CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID : C3943303

Amount of Each Receipt this Period

200.00

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

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

250.00

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 167 OF 370

☒ 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. John W Jatoft

Mailing Address 4071 PORT CHICAGO HWY
Suite 200

City State Zip Code
CONCORD CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID : C3943304

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. John W Jatoft

Mailing Address 4071 PORT CHICAGO HWY
Suite 200

City State Zip Code
CONCORD CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID : C3943305

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 State Zip Code
CONCORD CA 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 / D D / Y Y Y Y Y Y
11 16 2011

Transaction ID : C4383019

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 168 OF 370
(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. John W Jatoft

Mailing Address 4071 PORT CHICAGO HWY
Suite 200

City State Zip Code
CONCORD CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID : C4385164

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. John W Jatoft

Mailing Address 4071 PORT CHICAGO HWY
Suite 200

City State Zip Code
CONCORD CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID : C4464778

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 State Zip Code
CONCORD CA 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4460190

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 169 OF 370
(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. John W Jatoft

Mailing Address 4071 PORT CHICAGO HWY
Suite 200

City State Zip Code
CONCORD CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID : C4462474

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. HORACE W JOHNSON

Mailing Address 12435 BLACK WATER CT

City State Zip Code
JACKSONVILLE FL 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 ▼

1108.00

Date of Receipt

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

Transaction ID : C3943594

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. HORACE W JOHNSON

Mailing Address 12435 BLACK WATER CT

City State Zip Code
JACKSONVILLE FL 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 ▼

1108.00

Date of Receipt

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

Transaction ID : C3943595

Amount of Each Receipt this Period

100.00

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

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

400.00

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 170 OF 370

☒ 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. HORACE W JOHNSON

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 ▼

1108.00

Date of Receipt

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

Transaction ID : C3943596

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. HORACE W JOHNSON

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 ▼

1108.00

Date of Receipt

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

Transaction ID : C4383093

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. HORACE W JOHNSON

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 ▼

1108.00

Date of Receipt

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

Transaction ID : C4385234

Amount of Each Receipt this Period

100.00

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

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

300.00

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 171 OF 370

☒ 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. HORACE W JOHNSON

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1108.00

Date of Receipt

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

Transaction ID : C4460260

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. HORACE W JOHNSON

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1108.00

Date of Receipt

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

Transaction ID : C4462544

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. HORACE W JOHNSON

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1108.00

Date of Receipt

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

Transaction ID : C4464848

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 172 OF 370

☒ 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. BRUCE D JONES

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

American Income Life

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 : C3943966

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. BRUCE D JONES

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

American Income Life

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 : C3943970

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BRUCE D JONES

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

American Income Life

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 : C3943971

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 173 OF 370

☒ 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. BRUCE D JONES

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

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4383178

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. BRUCE D JONES

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

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4385321

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BRUCE D JONES

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

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4388098

Amount of Each Receipt this Period

20.00

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

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

60.00

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 174 OF 370

☒ 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. BRUCE D JONES

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

American Income Life

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
12 29 2011

Transaction ID : C4460342

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. BRUCE D JONES

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

American Income Life

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
12 29 2011

Transaction ID : C4462621

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BRUCE D JONES

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

American Income Life

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
12 29 2011

Transaction ID : C4464925

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 175 OF 370

☒ 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. Theresa L. Kandt

Mailing Address 66755 Powell Rd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : C3994850

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Theresa L. Kandt

Mailing Address 66755 Powell Rd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : C4012377

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Theresa L. Kandt

Mailing Address 66755 Powell Rd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : C4012373

Amount of Each Receipt this Period

40.00

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

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

120.00

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 176 OF 370

☒ 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. Theresa L. Kandt

Mailing Address 66755 Powell Rd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 08 / 2011

Transaction ID : C4372693

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

B. Theresa L. Kandt

Mailing Address 66755 Powell Rd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 08 / 2011

Transaction ID : C4372697

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

C. 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

07 / 18 / 2011

Transaction ID : C3949171

Amount of Each Receipt this Period

200.00

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

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

470.00

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 177 OF 370

☒ 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 Zip Code
RI 02809

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 ▼

600.00

Date of Receipt

M M / 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 4020 RIDGEVIEW LANE

City
HURRICANE

State Zip Code
WV 25526

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 ▼

400.00

Date of Receipt

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

Transaction ID : C4388118

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. SCOTT A KEENEY

Mailing Address 2185 SOUTH QUEEN ST

City
YORK

State Zip Code
PA 17402

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

Transaction ID : C4384343

Amount of Each Receipt this Period

200.00

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

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

600.00

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 178 OF 370

☒ 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 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

11 / 16 / 2011

Transaction ID : C4386342

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

12 / 29 / 2011

Transaction ID : C4461242

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. 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

12 / 29 / 2011

Transaction ID : C4463438

Amount of Each Receipt this Period

200.00

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

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

600.00

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 179 OF 370

☒ 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 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4465640

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Susan Kelleher

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

Transaction ID : C3944075

Amount of Each Receipt this Period

229.98

Full Name (Last, First, Middle Initial)

C. Susan Kelleher

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

Transaction ID : C4389067

Amount of Each Receipt this Period

229.98

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

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

659.96

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

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

FOR LINE NUMBER: PAGE 180 OF 370

(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. Susan Kelleher

Mailing Address 97 BENNINGTON ST

City State Zip Code
 SPRINGFIELD MA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462434

Amount of Each Receipt this Period

229.98

Full Name (Last, First, Middle Initial)

B. Terry Keller

Mailing Address 1137 Wlper St
 Apt 26

City State Zip Code
 Hayward CA 94541-6768

FEC ID number of contributing federal political committee.

C

Name of Employer
 LOCAL 29

Occupation
 Business Rep

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
 07 18 2011

Transaction ID : C3950061

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Terry Keller

Mailing Address 1137 Wlper St
 Apt 26

City State Zip Code
 Hayward CA 94541-6768

FEC ID number of contributing federal political committee.

C

Name of Employer
 LOCAL 29

Occupation
 Business Rep

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
 09 15 2011

Transaction ID : C3995840

Amount of Each Receipt this Period

40.00

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

319.98

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

SCHEDULE A (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 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Terry Keller

Mailing Address 1137 Wlper St
Apt 26

City State Zip Code
Hayward CA 94541-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOCAL 29

Occupation

Business Rep

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
09 / 28 / 2011

Transaction ID : C4003247

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Terry Keller

Mailing Address 1137 Wlper St
Apt 26

City State Zip Code
Hayward CA 94541-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOCAL 29

Occupation

Business Rep

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 : C4048699

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Terry Keller

Mailing Address 1137 Wlper St
Apt 26

City State Zip Code
Hayward CA 94541-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOCAL 29

Occupation

Business Rep

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 / 16 / 2011

Transaction ID : C4372752

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 182 OF 370

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Terry Keller

Mailing Address 1137 Wlper St
Apt 26

City	State	Zip Code
Hayward	CA	94541-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer

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
12	/	27	/	2011

Transaction ID : C4468602

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. STEVEN E KING

Mailing Address 24324 LYNWOOD DR

City	State	Zip Code
NOVI	MI	48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : C3943649

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. STEVEN E KING

Mailing Address 24324 LYNWOOD DR

City	State	Zip Code
NOVI	MI	48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : C3943650

Amount of Each Receipt this Period

8.00

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

56.00

TOTAL This Period (last page this line 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 183 OF 370

(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. STEVEN E KING

Mailing Address 24324 LYNWOOD DR

City State Zip Code
 NOVI MI 48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : C3943651

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. STEVEN E KING

Mailing Address 24324 LYNWOOD DR

City State Zip Code
 NOVI MI 48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : C4383106

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. STEVEN E KING

Mailing Address 24324 LYNWOOD DR

City State Zip Code
 NOVI MI 48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : C4385244

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 OF 370

☒ 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. STEVEN E KING

Mailing Address 24324 LYNWOOD DR

City State Zip Code
NOVI MI 48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : C4388136

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. STEVEN E KING

Mailing Address 24324 LYNWOOD DR

City State Zip Code
NOVI MI 48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : C4460272

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. STEVEN E KING

Mailing Address 24324 LYNWOOD DR

City State Zip Code
NOVI MI 48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : C4462555

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)
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FOR LINE NUMBER:
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PAGE 185 OF 370

☒ 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. STEVEN E KING

Mailing Address 24324 LYNWOOD DR

City State Zip Code
 NOVI MI 48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

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

Transaction ID : C4464861

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. Kevin Kistler

Mailing Address 6225 Starwood Way

City State Zip Code
 Rockville MD 20852-3530

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPEIU

Occupation

Dir. Organ. & Field Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.08

Date of Receipt

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

Transaction ID : C3942319

Amount of Each Receipt this Period

76.92

Full Name (Last, First, Middle Initial)

C. Kevin Kistler

Mailing Address 6225 Starwood Way

City State Zip Code
 Rockville MD 20852-3530

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPEIU

Occupation

Dir. Organ. & Field Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : C4017768

Amount of Each Receipt this Period

76.92

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

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

161.84

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 370

(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. Kevin Kistler

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 08 / 2011

Transaction ID : C4372678

Amount of Each Receipt this Period

76.92

Full Name (Last, First, Middle Initial)

B. CHRIS LAFOND

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID : C3948438

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CHRIS LAFOND

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID : C3948439

Amount of Each Receipt this Period

100.00

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

276.92

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 187 OF 370

☒ 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. CHRIS LAFOND

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 ▼

700.00

Date of Receipt

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

Transaction ID : C3948440

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CHRIS LAFOND

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 ▼

700.00

Date of Receipt

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

Transaction ID : C4383968

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CHRIS LAFOND

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 ▼

700.00

Date of Receipt

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

Transaction ID : C4386035

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 188 OF 370

☒ 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. CHRIS LAFOND

Mailing Address 8 FAIRBANKS RD

City
LEXINGTON

State Zip Code
MA 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 ▼

700.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4388163

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CHRIS XXXX LAFOND

Mailing Address 8 FAIRBANKS RD

City
LEXINGTON

State Zip Code
MA 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 ▼

300.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4462190

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CHRIS XXXX LAFOND

Mailing Address 8 FAIRBANKS RD

City
LEXINGTON

State Zip Code
MA 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 ▼

300.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4464130

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 189 OF 370

(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. CHRIS XXXX LAFOND

Mailing Address 8 FAIRBANKS RD

City State Zip Code
 LEXINGTON MA 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 ▼

300.00

Date of Receipt

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

Transaction ID : C4466159

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. SAMUEL G LASALA

Mailing Address 221 TIMBERLINE DR

City State Zip Code
 MADISON MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer

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
 07 18 2011

Transaction ID : C3947330

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SAMUEL G LASALA

Mailing Address 221 TIMBERLINE DR

City State Zip Code
 MADISON MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer

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
 07 18 2011

Transaction ID : C3947331

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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 190 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. SAMUEL G LASALA

Mailing Address 221 TIMBERLINE DR

City
MADISON

State Zip Code
MS 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947332

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. SAMUEL G LASALA

Mailing Address 221 TIMBERLINE DR

City
MADISON

State Zip Code
MS 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383970

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SAMUEL G LASALA

Mailing Address 221 TIMBERLINE DR

City
MADISON

State Zip Code
MS 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386037

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)..... ►

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Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 370

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. SAMUEL G LASALA

Mailing Address 221 TIMBERLINE DR

City State Zip Code
MADISON MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer

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
12 29 2011

Transaction ID : C4460994

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. SAMUEL G LASALA

Mailing Address 221 TIMBERLINE DR

City State Zip Code
MADISON MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer

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
12 29 2011

Transaction ID : C4463229

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SAMUEL G LASALA

Mailing Address 221 TIMBERLINE DR

City State Zip Code
MADISON MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer

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
12 29 2011

Transaction ID : C4465453

Amount of Each Receipt this Period

100.00

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

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

300.00

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Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 192 OF 370

☒ 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. MICHAEL A LIBASSI

Mailing Address 2532 BANE BERRY 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 / D D / Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947333

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MICHAEL A LIBASSI

Mailing Address 2532 BANE BERRY 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 / D D / Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947334

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MICHAEL A LIBASSI

Mailing Address 2532 BANE BERRY 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 / D D / 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)..... ►

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 370

(check only one)

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☐ 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. MICHAEL A LIBASSI

Mailing Address 2532 BANE BERRY LN #713

City State Zip Code
INDIANAPOLIS IN 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383971

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MICHAEL A LIBASSI

Mailing Address 2532 BANE BERRY LN #713

City State Zip Code
INDIANAPOLIS IN 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386038

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MICHAEL A LIBASSI

Mailing Address 2532 BANE BERRY LN #713

City State Zip Code
INDIANAPOLIS IN 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4460995

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 370
(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. MICHAEL A LIBASSI

Mailing Address 2532 BANE BERRY LN #713

City State Zip Code
 INDIANAPOLIS IN 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4463230

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MICHAEL A LIBASSI

Mailing Address 2532 BANE BERRY LN #713

City State Zip Code
 INDIANAPOLIS IN 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465454

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROBERT C LILES

Mailing Address 6762 S. 73RD CIR

City State Zip Code
 RALSTON NE 68127

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 ▼

600.00

Date of Receipt

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

Transaction ID : C3947336

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 195 OF 370

☒ 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 C LILES

Mailing Address 6762 S. 73RD CIR

City
RALSTON

State Zip Code
NE 68127

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 ▼

600.00

Date of Receipt

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

Transaction ID : C3947337

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ROBERT C LILES

Mailing Address 6762 S. 73RD CIR

City
RALSTON

State Zip Code
NE 68127

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 ▼

600.00

Date of Receipt

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

Transaction ID : C3947338

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SABRINA N LLOYD

Mailing Address 1565 PALISADES LN

City
HOFFMAN ESTATES

State Zip Code
IL 60192

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 ▼

700.00

Date of Receipt

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

Transaction ID : C3948038

Amount of Each Receipt this Period

100.00

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

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

300.00

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 196 OF 370

☒ 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. SABRINA N LLOYD

Mailing Address 1565 PALISADES LN

City State Zip Code
 HOFFMAN ESTATES IL 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3948039

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. SABRINA N LLOYD

Mailing Address 1565 PALISADES LN

City State Zip Code
 HOFFMAN ESTATES IL 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4384185

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SABRINA N LLOYD

Mailing Address 1565 PALISADES LN

City State Zip Code
 HOFFMAN ESTATES IL 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4386206

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 197 OF 370

☒ 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. SABRINA N LLOYD

Mailing Address 1565 PALISADES LN

City State Zip Code
 HOFFMAN ESTATES IL 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4461138

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. SABRINA N LLOYD

Mailing Address 1565 PALISADES LN

City State Zip Code
 HOFFMAN ESTATES IL 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4463345

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SABRINA N LLOYD

Mailing Address 1565 PALISADES LN

City State Zip Code
 HOFFMAN ESTATES IL 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465564

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 370

(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. Sabrina N Lloyd

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

Transaction ID : C3944078

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Sabrina N Lloyd

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

Transaction ID : C3944081

Amount of Each Receipt this Period

-900.00

Full Name (Last, First, Middle Initial)

C. JAMES J LOGAN

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

Transaction ID : C3947213

Amount of Each Receipt this Period

25.00

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

-575.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 199 OF 370

☒ 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 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : C3947214

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : C3947215

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : C4383934

Amount of Each Receipt this Period

25.00

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

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

75.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 200 OF 370

☒ 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 J LOGAN

Mailing Address 5385 SHANNAMARA DR

City
MATTHEWS

State Zip Code
NC 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 / D D / 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 Zip Code
NC 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 / D D / 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 Zip Code
NC 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 / D D / Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4463198

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**

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FOR LINE NUMBER: PAGE 201 OF 370

(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 J LOGAN

Mailing Address 5385 SHANNAMARA DR

City State Zip Code
MATTHEWS NC 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4465425

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. JOSEPH 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

American Income Life Ins.

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 : C3947428

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. JOSEPH 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

American Income Life Ins.

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 : C3947429

Amount of Each Receipt this Period

300.00

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

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

625.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 202 OF 370

☒ 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. JOSEPH 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

American Income Life Ins.

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 : C3947430

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. JOSEPH MANONE

Mailing Address PO Box 208

City State Zip Code
 Waco TX 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 : C4388272

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. JOSEPH 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

American Income Life Ins.

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 : C4383992

Amount of Each Receipt this Period

300.00

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

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

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 203 OF 370

(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. JOSEPH 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

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

Full Name (Last, First, Middle Initial)

B. JOSEPH 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

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

Full Name (Last, First, Middle Initial)

C. JOSEPH 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

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

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

900.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 204 OF 370

☒ 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. JOSEPH 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

American Income Life Ins.

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
 12 29 2011

Transaction ID : C4463246

Amount of Each Receipt this Period

300.00

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

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
 07 18 2011

Transaction ID : C3943857

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

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
 07 18 2011

Transaction ID : C3943858

Amount of Each Receipt this Period

5.00

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

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

310.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 205 OF 370

☒ 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
 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
 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
 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 : 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
 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 : 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 370
(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
 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

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
 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

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
 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)..... ►

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

15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 207 OF 370
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. 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

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
12	/	29	/	2011

Transaction ID : C4464894

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. EWA MARINACCIO

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

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 : C3947216

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. EWA MARINACCIO

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

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 : C3947217

Amount of Each Receipt this Period

25.00

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

55.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 208 OF 370

☒ 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. EWA MARINACCIO

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

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

Transaction ID : C3947218

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. EWA MARINACCIO

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

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

Transaction ID : C4383935

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. EWA MARINACCIO

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / 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)..... ►

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

75.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 370

(check only one)

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☐ 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. EWA MARINACCIO

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

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

Transaction ID : C4460964

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. EWA MARINACCIO

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

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

Transaction ID : C4463199

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. EWA MARINACCIO

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / 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)..... ►

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

24.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 370
(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. TIMOTHY P MATTESON

Mailing Address 13319 S 21ST ST

City State Zip Code
 BIXBY OK 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

M M / D D / Y Y Y Y Y Y
 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 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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 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 ▼

1200.00

Date of Receipt

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

Transaction ID : C3943944

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 211 OF 370

☒ 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. 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

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : C3943945

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 State Zip Code
EAST POINT GA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383173

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 State Zip Code
EAST POINT GA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4385316

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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FOR LINE NUMBER:
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PAGE 212 OF 370

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☐ 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. 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

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4388303

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 State Zip Code
 EAST POINT GA 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

12 / 29 / 2011

Transaction ID : C4460338

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 State Zip Code
 EAST POINT GA 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

12 / 29 / 2011

Transaction ID : C4462617

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER:
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PAGE 213 OF 370

☒ 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. 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

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : C4464920

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. John McCreary

Mailing Address 4537 Cove Dr
 Apt B

City State Zip Code
 Carlsbad CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943249

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. John McCreary

Mailing Address 4537 Cove Dr
 Apt B

City State Zip Code
 Carlsbad CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943250

Amount of Each Receipt this Period

50.00

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

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

200.00

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

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FOR LINE NUMBER:
(check only one)

PAGE 214 OF 370

☒ 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. John McCreary

Mailing Address 4537 Cove Dr
Apt B

City State Zip Code
Carlsbad CA 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943251

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John McCreary

Mailing Address 4537 Cove Dr
Apt B

City State Zip Code
Carlsbad CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383004

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John McCreary

Mailing Address 4537 Cove Dr
Apt B

City State Zip Code
Carlsbad CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4385145

Amount of Each Receipt this Period

50.00

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

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

150.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 215 OF 370

☒ 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. John McCreary

Mailing Address 4537 Cove Dr
Apt B

City State Zip Code
Carlsbad CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4388312

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John McCreary

Mailing Address 4537 Cove Dr
Apt B

City State Zip Code
Carlsbad CA 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4460173

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John McCreary

Mailing Address 4537 Cove Dr
Apt B

City State Zip Code
Carlsbad CA 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4462458

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 216 OF 370

☒ 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. John McCreary

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

Transaction ID : C4464761

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MATHEW R MEALEY

Mailing Address 425 BEACHFRONT DR

City

EVANSVILLE

State

IN

Zip Code

47715

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 ▼

500.00

Date of Receipt

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

Transaction ID : C3947340

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MATHEW R MEALEY

Mailing Address 425 BEACHFRONT DR

City

EVANSVILLE

State

IN

Zip Code

47715

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 ▼

500.00

Date of Receipt

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

Transaction ID : C3947341

Amount of Each Receipt this Period

100.00

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

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

250.00

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 370

(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 MELCHER

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

Transaction ID : C3947342

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DAVID T MELCHER

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

Transaction ID : C3947343

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DAVID T MELCHER

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 / 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)..... ►

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

300.00

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 370

(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 MELCHER

Mailing Address PO BOX 2608

City State Zip Code
WACO TX 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383972

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DAVID T MELCHER

Mailing Address PO BOX 2608

City State Zip Code
WACO TX 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386039

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DAVID T MELCHER

Mailing Address PO BOX 2608

City State Zip Code
WACO TX 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4460996

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 219 OF 370

☒ 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 MELCHER

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

Transaction ID : C4463231

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DAVID T MELCHER

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

Transaction ID : C4465455

Amount of Each Receipt this Period

-400.00

Full Name (Last, First, Middle Initial)

C. DAVID T MELCHER

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 / 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)..... ►

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

-700.00

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 220 OF 370

☒ 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. Carla A Miller

Mailing Address 751 JACOBS MILL POND RD #814

City State Zip Code
 ELGIN SC 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 / 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 State Zip Code
 ELGIN SC 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 / 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 State Zip Code
 ELGIN SC 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943842

Amount of Each Receipt this Period

100.00

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

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

300.00

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 221 OF 370

☒ 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. Carla A Miller

Mailing Address 751 JACOBS MILL POND RD #814

City State Zip Code
 ELGIN SC 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

11 / 16 / 2011

Transaction ID : C4383145

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 State Zip Code
 ELGIN SC 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

11 / 16 / 2011

Transaction ID : C4385288

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CARLA A MILLER

Mailing Address 1211 ASHFORD PARKWAY

City State Zip Code
 ATLANTA GA 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

12 / 29 / 2011

Transaction ID : C4462120

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 222 OF 370
(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. CARLA A MILLER

Mailing Address 1211 ASHFORD PARKWAY

City State Zip Code
ATLANTA GA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4464086

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CARLA A MILLER

Mailing Address 1211 ASHFORD PARKWAY

City State Zip Code
ATLANTA GA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4466132

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jared M M Mlinarich

Mailing Address 9254 PINE WALK PASS

City State Zip Code
Linden MI 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 ▼

360.00

Date of Receipt

M M / 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)..... ►

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

240.00

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

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

FOR LINE NUMBER: PAGE 223 OF 370

(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. Jared M M Mlinarich

Mailing Address 9254 PINE WALK PASS

City State Zip Code
Linden MI 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 ▼

360.00

Date of Receipt

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

Transaction ID : C3947248

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jared M M Mlinarich

Mailing Address 9254 PINE WALK PASS

City State Zip Code
Linden MI 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 ▼

360.00

Date of Receipt

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

Transaction ID : C3947249

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jared M M Mlinarich

Mailing Address 9254 PINE WALK PASS

City State Zip Code
Linden MI 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 ▼

360.00

Date of Receipt

M M / D D / 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)..... ►

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

120.00

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

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

FOR LINE NUMBER: PAGE 224 OF 370

(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. Jared M M Mlinarich

Mailing Address 9254 PINE WALK PASS

City State Zip Code
 Linden MI 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 ▼

360.00

Date of Receipt

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

Transaction ID : C4386013

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jared M M Mlinarich

Mailing Address 9254 PINE WALK PASS

City State Zip Code
 Linden MI 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 ▼

360.00

Date of Receipt

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

Transaction ID : C4388354

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Suzanne Mode

Mailing Address 6515 Francis Ave N

City State Zip Code
 Seattle WA 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)..... ►

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

105.00

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 225 OF 370

☒ 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. Suzanne Mode

Mailing Address 6515 Francis Ave N

City State Zip Code
 Seattle WA 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

08 / 09 / 2011

Transaction ID : C3960774

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Suzanne Mode

Mailing Address 6515 Francis Ave N

City State Zip Code
 Seattle WA 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

08 / 30 / 2011

Transaction ID : C3964654

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Suzanne Mode

Mailing Address 6515 Francis Ave N

City State Zip Code
 Seattle WA 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

10 / 05 / 2011

Transaction ID : C4012335

Amount of Each Receipt this Period

5.00

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

45.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 226 OF 370

☒ 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. Suzanne Mode

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 / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : C4012347

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Suzanne Mode

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 / D D / Y Y Y Y Y Y
11 / 08 / 2011

Transaction ID : C4372681

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Suzanne Mode

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 / D D / Y Y Y Y Y Y
12 / 02 / 2011

Transaction ID : C4400670

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 227 OF 370

☒ 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. TRAVIS P MOODY

Mailing Address 625 BEECHER ST

City
LOUISVILLE

State Zip Code
KY 40215

FEC ID number of contributing
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
07 / 18 / 2011

Transaction ID : C3948252

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. TRAVIS P MOODY

Mailing Address 509 MALLARD CREEK RD

City
LOUISVILLE

State Zip Code
KY 40207

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 ▼

302.00

Date of Receipt

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

Transaction ID : C3947345

Amount of Each Receipt this Period

102.00

Full Name (Last, First, Middle Initial)

C. TRAVIS P MOODY

Mailing Address 509 MALLARD CREEK RD

City
LOUISVILLE

State Zip Code
KY 40207

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 ▼

302.00

Date of Receipt

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

Transaction ID : C3947346

Amount of Each Receipt this Period

100.00

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

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

302.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 228 OF 370

☒ 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. TRAVIS P MOODY

Mailing Address 625 BEECHER ST

City
LOUISVILLE

State Zip Code
KY 40215

FEC ID number of contributing
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
11 / 16 / 2011

Transaction ID : C4384229

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. TRAVIS P MOODY

Mailing Address 625 BEECHER ST

City
LOUISVILLE

State Zip Code
KY 40215

FEC ID number of contributing
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
11 / 16 / 2011

Transaction ID : C4386237

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. TRAVIS P MOODY

Mailing Address 625 BEECHER ST

City
LOUISVILLE

State Zip Code
KY 40215

FEC ID number of contributing
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 : C4461160

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 229 OF 370

☒ 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. TRAVIS P MOODY

Mailing Address 625 BEECHER ST

City
LOUISVILLE

State Zip Code
KY 40215

FEC ID number of contributing
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 : C4463365

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. TRAVIS P MOODY

Mailing Address 625 BEECHER ST

City
LOUISVILLE

State Zip Code
KY 40215

FEC ID number of contributing
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 : C4465579

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Shelby Mooney

Mailing Address 3229 34th Ave W

City
Seattle

State Zip Code
WA 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3942287

Amount of Each Receipt this Period

17.00

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

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

217.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 230 OF 370

☒ 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. Shelby Mooney

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

Full Name (Last, First, Middle Initial)

B. Shelby Mooney

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

Full Name (Last, First, Middle Initial)

C. Shelby Mooney

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: PAGE 231 OF 370
(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. Shelby Mooney

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

11 / 08 / 2011

Transaction ID : C4372682

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

B. Shelby Mooney

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

12 / 02 / 2011

Transaction ID : C4400671

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

C. JOSEPH K MOORE

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

07 / 18 / 2011

Transaction ID : C3947914

Amount of Each Receipt this Period

50.00

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

84.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 232 OF 370

☒ 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. JOSEPH K MOORE

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

Information Requested

Occupation

Information Requested

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 : C3947262

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JOSEPH K MOORE

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

Information Requested

Occupation

Information Requested

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 : C3947263

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JOSEPH K MOORE

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 / 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)..... ►

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

150.00

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 233 OF 370

☒ 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. JOSEPH K MOORE

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

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
 11 / 16 / 2011

Transaction ID : C4386169

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JOSEPH K MOORE

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

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
 12 / 29 / 2011

Transaction ID : C4461111

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JOSEPH K MOORE

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

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
 12 / 29 / 2011

Transaction ID : C4463324

Amount of Each Receipt this Period

50.00

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

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

150.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 370
(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. JOSEPH K MOORE

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

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
 12 29 2011

Transaction ID : C4465544

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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 Ins.

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 : C3947431

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. 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 Ins.

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 : C3947432

Amount of Each Receipt this Period

300.00

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 235 OF 370

(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. 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 Ins.

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
 07 18 2011

Transaction ID : C3947433

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. ERIC J NEAL

Mailing Address PO Box 208

City State Zip Code
 Waco TX 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
 11 16 2011

Transaction ID : C4388397

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. 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 Ins.

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
 11 16 2011

Transaction ID : C4383994

Amount of Each Receipt this Period

300.00

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

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

900.00

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 370

(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. 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 Ins.

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 : C4386060

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. 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 Ins.

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
 12 29 2011

Transaction ID : C4461017

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. 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 Ins.

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
 12 29 2011

Transaction ID : C4463248

Amount of Each Receipt this Period

300.00

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

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

900.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 237 OF 370
(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. 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 Ins.

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
 12 29 2011

Transaction ID : C4465473

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. ALFRED J OCONNOR

Mailing Address 69 CHURCH ST

City State Zip Code
 CORTLAND NY 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947347

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ALFRED J OCONNOR

Mailing Address 69 CHURCH ST

City State Zip Code
 CORTLAND NY 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947348

Amount of Each Receipt this Period

100.00

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

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

500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 238 OF 370

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947349

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383973

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386040

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)
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FOR LINE NUMBER: PAGE 239 OF 370
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☒ 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. ALFRED J OCONNOR

Mailing Address 69 CHURCH ST

City State Zip Code
 CORTLAND NY 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 / 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 State Zip Code
 LEES SUMMIT MO 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 : 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 State Zip Code
 LEES SUMMIT MO 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 : C3948792

Amount of Each Receipt this Period

25.00

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

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

150.00

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 240 OF 370

☒ 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. 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3948793

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

Transaction ID : C4384283

Amount of Each Receipt this Period

100.00

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 / 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)..... ►

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

300.00

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 241 OF 370

☒ 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. 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4461195

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

Transaction ID : C4463395

Amount of Each Receipt this Period

100.00

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 / 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)..... ►

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 242 OF 370

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☒ 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. DURHON OLDHAM

Mailing Address PO Box 208

City State Zip Code
Waco TX 76703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

National Income Life

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID : C3949455

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. DURHON OLDHAM

Mailing Address PO Box 208

City State Zip Code
Waco TX 76703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

National Income Life

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID : C4389338

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. DURHON OLDHAM

Mailing Address PO Box 208

City State Zip Code
Waco TX 76703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

National Income Life

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID : C4467336

Amount of Each Receipt this Period

400.00

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

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

2800.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 370
(check only one)

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☐ 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. DURHON OLDHAM

Mailing Address PO Box 208

City State Zip Code
Waco TX 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4467569

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. DURHON OLDHAM

Mailing Address PO Box 208

City State Zip Code
Waco TX 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4467851

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. ROBERT OLSON

Mailing Address 26561 W HIGHLAND DR

City State Zip Code
CHANNAHON IL 60410

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

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

Transaction ID : C3947434

Amount of Each Receipt this Period

400.00

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

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 244 OF 370

☒ 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 OLSON

Mailing Address 26561 W HIGHLAND DR

City
CHANNAHON

State Zip Code
IL 60410

FEC ID number of contributing
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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947435

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. ROBERT OLSON

Mailing Address 26561 W HIGHLAND DR

City
CHANNAHON

State Zip Code
IL 60410

FEC ID number of contributing
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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947436

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. ROBERT OLSON

Mailing Address 26561 W HIGHLAND DR

City
CHANNAHON

State Zip Code
IL 60410

FEC ID number of contributing
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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386061

Amount of Each Receipt this Period

400.00

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

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

1200.00

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 370
(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 OLSON Jr

Mailing Address 26561 W HIGHLAND DR

City State Zip Code
 CHANNAHON IL 60410

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-200.00

Date of Receipt

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

Transaction ID : C4388436

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. ROBERT OLSON

Mailing Address 26561 W HIGHLAND DR

City State Zip Code
 CHANNAHON IL 60410

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

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

Transaction ID : C4461018

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. ROBERT OLSON

Mailing Address 26561 W HIGHLAND DR

City State Zip Code
 CHANNAHON IL 60410

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

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

Transaction ID : C4463249

Amount of Each Receipt this Period

400.00

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

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 246 OF 370

☒ 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 OLSON

Mailing Address 26561 W HIGHLAND DR

City
CHANNAHON

State Zip Code
IL 60410

FEC ID number of contributing
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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4465474

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. ROBERT OLSON JR

Mailing Address 26561 W HIGHLAND DR

City
CHANNAHON

State Zip Code
IL 60410

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 ▼

1200.00

Date of Receipt

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

Transaction ID : C4383995

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Sheila Peacock

Mailing Address 1810 Buckingham Dr

City
Pasadena

State Zip Code
TX 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
07 / 18 / 2011

Transaction ID : C3942326

Amount of Each Receipt this Period

38.46

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

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

838.46

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 370

(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. Sheila Peacock

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

08 / 09 / 2011

Transaction ID : C3960795

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Sheila Peacock

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

09 / 20 / 2011

Transaction ID : C3999541

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Sheila Peacock

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

10 / 14 / 2011

Transaction ID : C4017773

Amount of Each Receipt this Period

38.46

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

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

115.38

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 370
(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. Sheila Peacock

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

11 / 08 / 2011

Transaction ID : C4372660

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Sheila Peacock

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 16 / 2011

Transaction ID : C4400926

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)

C. Colleen Pedersen

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 18 / 2011

Transaction ID : C3942322

Amount of Each Receipt this Period

20.00

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

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

116.15

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

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

FOR LINE NUMBER:
(check only one)

PAGE 249 OF 370

☒ 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. Colleen Pedersen

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 09 / 2011

Transaction ID : C3960791

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Colleen Pedersen

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 20 / 2011

Transaction ID : C3999538

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Colleen Pedersen

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C4017763

Amount of Each Receipt this Period

20.00

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

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

60.00

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 250 OF 370

☒ 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. Colleen Pedersen

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
11 / 08 / 2011

Transaction ID : C4372671

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Colleen Pedersen

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
12 / 16 / 2011

Transaction ID : C4400923

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. FRANCISCO M PEREZ

Mailing Address 180 Waterman Ave
Apt 423

City

North Providence

State

RI

Zip Code

02911-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

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
07 / 18 / 2011

Transaction ID : C3947353

Amount of Each Receipt this Period

100.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 251 OF 370

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. FRANCISCO M PEREZ

Mailing Address 180 Waterman Ave
Apt 423

City State Zip Code
North Providence RI 02911-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

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 : C3947354

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. FRANCISCO M PEREZ

Mailing Address 180 Waterman Ave
Apt 423

City State Zip Code
North Providence RI 02911-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

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 : C3947355

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. FRANCISCO M PEREZ

Mailing Address 180 WATERMAN AVE APT 423

City State Zip Code
NORTH PROVIDENCE RI 02911

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 ▼

500.00

Date of Receipt

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

Transaction ID : C4385029

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 252 OF 370

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. FRANCISCO M PEREZ

Mailing Address 180 WATERMAN AVE APT 423

City State Zip Code
 NORTH PROVIDENCE RI 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4386865

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. FRANCISCO M PEREZ

Mailing Address 180 WATERMAN AVE APT 423

City State Zip Code
 NORTH PROVIDENCE RI 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4461615

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. FRANCISCO M PEREZ

Mailing Address 180 WATERMAN AVE APT 423

City State Zip Code
 NORTH PROVIDENCE RI 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4463723

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 253 OF 370

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. FRANCISCO M PEREZ

Mailing Address 180 WATERMAN AVE APT 423

City State Zip Code
 NORTH PROVIDENCE RI 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

Full Name (Last, First, Middle Initial)

B. DANIEL S PHARES

Mailing Address PO BOX 625

City State Zip Code
 BARRACKVILLE WV 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

Full Name (Last, First, Middle Initial)

C. DANIEL S PHARES

Mailing Address PO BOX 625

City State Zip Code
 BARRACKVILLE WV 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)..... ►

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

140.00

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 370

(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. DANIEL S PHARES

Mailing Address PO BOX 625

City State Zip Code
BARRACKVILLE WV 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

07 / 18 / 2011

Transaction ID : C3943453

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DANIEL S PHARES

Mailing Address PO BOX 625

City State Zip Code
BARRACKVILLE WV 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

11 / 16 / 2011

Transaction ID : C4383061

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DANIEL S PHARES

Mailing Address PO BOX 625

City State Zip Code
BARRACKVILLE WV 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

11 / 16 / 2011

Transaction ID : C4385204

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 255 OF 370

☒ 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. DANIEL S PHARES

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

Transaction ID : C4460232

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DANIEL S PHARES

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

Transaction ID : C4462515

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DANIEL S PHARES

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

Transaction ID : C4464819

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 370

(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 State Zip Code
WEXFORD PA 15090

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 ▼

300.00

Date of Receipt

M M / 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 State Zip Code
WEXFORD PA 15090

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 ▼

300.00

Date of Receipt

M M / 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 State Zip Code
WEXFORD PA 15090

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 ▼

300.00

Date of Receipt

M M / 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)..... ►

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

300.00

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 257 OF 370

☒ 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 409 HAYS BLVD

City State Zip Code
LEXINGTON KY 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

Full Name (Last, First, Middle Initial)

B. EARNEST T POWERS

Mailing Address 409 HAYS BLVD

City State Zip Code
LEXINGTON KY 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

Full Name (Last, First, Middle Initial)

C. EARNEST T POWERS

Mailing Address 409 HAYS BLVD

City State Zip Code
LEXINGTON KY 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)..... ►

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 258 OF 370

(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 409 HAYS BLVD

City State Zip Code
 LEXINGTON KY 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 : C4465979

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City State Zip Code
 NEWARK NJ 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947356

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City State Zip Code
 NEWARK NJ 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947357

Amount of Each Receipt this Period

100.00

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

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 259 OF 370

☒ 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. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City
NEWARK

State Zip Code
NJ 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947358

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City
NEWARK

State Zip Code
NJ 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4384931

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City
NEWARK

State Zip Code
NJ 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386784

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 260 OF 370
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☐ 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. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City
NEWARK

State Zip Code
NJ 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4388519

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City
NEWARK

State Zip Code
NJ 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4461553

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City
NEWARK

State Zip Code
NJ 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4463676

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

PAGE 261 OF 370

☒ 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. PHILIP PRATA

Mailing Address 43 VAN BUREN ST

City
NEWARK

State Zip Code
NJ 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4465824

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DAVID T RAMIREZ

Mailing Address 1017 RAWSON AVE

City
SANGER

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947173

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DAVID T RAMIREZ

Mailing Address 1017 RAWSON AVE

City
SANGER

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947174

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 262 OF 370

☒ 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 RAMIREZ

Mailing Address 1017 RAWSON AVE

City
SANGER

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947175

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DAVID T RAMIREZ

Mailing Address 1017 RAWSON AVE

City
SANGER

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383924

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DAVID T RAMIREZ

Mailing Address 1017 RAWSON AVE

City
SANGER

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4385991

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 263 OF 370

☒ 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 RAMIREZ

Mailing Address 1017 RAWSON AVE

City
SANGER

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4460953

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DAVID T RAMIREZ

Mailing Address 1017 RAWSON AVE

City
SANGER

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4463188

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DAVID T RAMIREZ

Mailing Address 1017 RAWSON AVE

City
SANGER

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4465415

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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 264 OF 370

☒ 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 J REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947264

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. SCOTT J REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947265

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. SCOTT J REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947266

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 265 OF 370

☒ 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 J REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4383951

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. SCOTT J REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4386018

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. SCOTT J REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4460979

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

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 266 OF 370

☒ 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 J REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4463214

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. SCOTT J REHBERG

Mailing Address 1153 THISTLE LN

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4465440

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Marc E Rosen

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

M M / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943564

Amount of Each Receipt this Period

-600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-440.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 267 OF 370
(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. Marc E Rosen

Mailing Address 96 Rivington Ave

City State Zip Code
 Staten Island NY 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

M M / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943565

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. EDWARD D RUBIO

Mailing Address 15508 SUGAR LOAF DR

City State Zip Code
 EDMOND OK 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3949065

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. EDWARD D RUBIO

Mailing Address 15508 SUGAR LOAF DR

City State Zip Code
 EDMOND OK 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3949066

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL 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:
(check only one)

PAGE 268 OF 370

☒ 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. EDWARD D RUBIO

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 : C4384319

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. EDWARD D RUBIO

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

Full Name (Last, First, Middle Initial)

C. EDWARD D RUBIO

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

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

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 269 OF 370

☒ 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. EDWARD D RUBIO

Mailing Address 15508 SUGAR LOAF DR

City
EDMOND

State Zip Code
OK 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4463420

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. EDWARD D RUBIO

Mailing Address 15508 SUGAR LOAF DR

City
EDMOND

State Zip Code
OK 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4465628

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Tamara Rubyn

Mailing Address PO Box 149

City
Carmichael

State Zip Code
CA 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

M M / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3950055

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 370

(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. Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code
 Carmichael CA 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

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : C3995839

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code
 Carmichael CA 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

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : C4003220

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code
 Carmichael CA 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

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : C4048705

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 271 OF 370

☒ 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. Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code
 Carmichael CA 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

Full Name (Last, First, Middle Initial)

B. Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code
 Carmichael CA 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

12 / 27 / 2011

Transaction ID : C4468598

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City State Zip Code
 OAKLAND TOWNSHIP MI 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 ▼

3800.00

Date of Receipt

07 / 18 / 2011

Transaction ID : C3943526

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

480.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 OF 370
(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. Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City State Zip Code
OAKLAND TOWNSHIP MI 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 ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3943527

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City State Zip Code
OAKLAND TOWNSHIP MI 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 ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3943528

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City State Zip Code
OAKLAND TOWNSHIP MI 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 ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 16 2011

Transaction ID : C4383079

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 370

(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. Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City State Zip Code
 OAKLAND TOWNSHIP MI 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 ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 16 2011

Transaction ID : C4385222

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. PAUL D RUMBUC

Mailing Address PO Box 208

City State Zip Code
 Waco TX 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 16 2011

Transaction ID : C4388598

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City State Zip Code
 OAKLAND TOWNSHIP MI 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 ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 29 2011

Transaction ID : C4460247

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 274 OF 370

☒ 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. Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City State Zip Code
 OAKLAND TOWNSHIP MI 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 ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462531

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Paul D Rumbuc

Mailing Address 3570 MAGNOLOIA CT

City State Zip Code
 OAKLAND TOWNSHIP MI 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 ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4464835

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Patricia Sanchez

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

LOCAL 29

Occupation

Secretary-Treasurer

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
 07 18 2011

Transaction ID : C3950058

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

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 275 OF 370

☒ 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. Patricia Sanchez

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

09 / 15 / 2011

Transaction ID : C3995846

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Patricia Sanchez

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

09 / 28 / 2011

Transaction ID : C4003244

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Patricia Sanchez

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

10 / 14 / 2011

Transaction ID : C4048707

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

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 276 OF 370

☒ 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. Patricia Sanchez

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

11 / 16 / 2011

Transaction ID : C4372750

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Patricia Sanchez

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

12 / 27 / 2011

Transaction ID : C4468600

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. William Sauers

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

07 / 18 / 2011

Transaction ID : C3944094

Amount of Each Receipt this Period

72.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

152.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 370

(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 Sauers

Mailing Address 221 LAKE DRIVE BLVD

City
SEBRINGState Zip Code
FL 33875FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income Life InsuranceOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2011

Transaction ID : C4389061

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

B. William Sauers

Mailing Address 221 LAKE DRIVE BLVD

City
SEBRINGState Zip Code
FL 33875FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income Life InsuranceOccupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : C4462431

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

C. TIM D SCHROEDER

Mailing Address 2302 SUMMER SPRING DR

City
SPRINGState Zip Code
TX 77373FEC ID number of contributing
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 / D D / Y Y Y Y Y Y
 07 / 18 / 2011

Transaction ID : C3947221

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

169.00

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 370

(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. TIM D SCHROEDER

Mailing Address 2302 SUMMER SPRING DR

City State Zip Code
 SPRING TX 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947222

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. TIM D SCHROEDER

Mailing Address 2302 SUMMER SPRING DR

City State Zip Code
 SPRING TX 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947223

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. TIM D SCHROEDER

Mailing Address 2302 SUMMER SPRING DR

City State Zip Code
 SPRING TX 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383936

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 279 OF 370

☒ 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. TIM D SCHROEDER

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

11 / 16 / 2011

Transaction ID : C4386003

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. TIM D SCHROEDER

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

12 / 29 / 2011

Transaction ID : C4460965

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. TIM D SCHROEDER

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

12 / 29 / 2011

Transaction ID : C4463200

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 280 OF 370

☒ 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. TIM D SCHROEDER

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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4465427

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ROBERT E SHAFER

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

Information Requested

Occupation

Information Requested

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

Full Name (Last, First, Middle Initial)

C. ROBERT E SHAFER

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

Information Requested

Occupation

Information Requested

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

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

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 281 OF 370

☒ 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 E SHAFER

Mailing Address 102 ROSE GARDEN LN

City State Zip Code
GOODLETTSVILLE TN 37072

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 ▼

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

Full Name (Last, First, Middle Initial)

B. ROBERT E SHAFER

Mailing Address 33 FAIRFIELD PL

City State Zip Code
FT THOMAS KY 41075

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4387133

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROBERT E SHAFER

Mailing Address 102 ROSE GARDEN LN

City State Zip Code
GOODLETTSVILLE TN 37072

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383975

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 282 OF 370

(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 E SHAFER

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4461834

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ROBERT E SHAFER

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4463882

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROBERT E SHAFER

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4465980

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 283 OF 370

☒ 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. Donna Shaffer

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3942317

Amount of Each Receipt this Period

38.48

Full Name (Last, First, Middle Initial)

B. Donna Shaffer

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : C3960796

Amount of Each Receipt this Period

38.48

Full Name (Last, First, Middle Initial)

C. Donna Shaffer

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : C3999532

Amount of Each Receipt this Period

38.48

SUBTOTAL of Receipts This Page (optional)..... ►

115.44

TOTAL This Period (last page this line 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 370

(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. Donna Shaffer

Mailing Address 17609 N 8th Ave

City State Zip Code
Phoenix AZ 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 / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C4017760

Amount of Each Receipt this Period

38.48

Full Name (Last, First, Middle Initial)

B. Donna Shaffer

Mailing Address 17609 N 8th Ave

City State Zip Code
Phoenix AZ 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 / D D / Y Y Y Y Y Y
11 / 08 / 2011

Transaction ID : C4372661

Amount of Each Receipt this Period

38.48

Full Name (Last, First, Middle Initial)

C. Donna Shaffer

Mailing Address 17609 N 8th Ave

City State Zip Code
Phoenix AZ 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 / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : C4400920

Amount of Each Receipt this Period

57.72

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 285 OF 370

☒ 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. ELAINA SINNER

Mailing Address 4651 SALISBURY RD #440

City State Zip Code
 JACKSONVILLE FL 32256

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

M M / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947362

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ELAINA SINNER

Mailing Address 4651 SALISBURY RD #440

City State Zip Code
 JACKSONVILLE FL 32256

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

M M / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947363

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ELAINA SINNER

Mailing Address 4651 SALISBURY RD #440

City State Zip Code
 JACKSONVILLE FL 32256

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

M M / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947364

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

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 286 OF 370

☒ 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. ELAINA SINNER

Mailing Address 7700 SQUARE 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

11 / 16 / 2011

Transaction ID : C4384581

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ELAINA SINNER

Mailing Address 7700 SQUARE 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

11 / 16 / 2011

Transaction ID : C4386520

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ELAINA SINNER

Mailing Address 7700 SQUARE 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

12 / 29 / 2011

Transaction ID : C4461372

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

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 287 OF 370

☒ 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. ELAINA SINNER

Mailing Address 7700 SQUARE LAKE BLVD

City
JACKSONVILLE

State Zip Code
FL 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4463552

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ELAINA SINNER

Mailing Address 7700 SQUARE LAKE BLVD

City
JACKSONVILLE

State Zip Code
FL 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 / 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)

C. BETH E SNOW

Mailing Address 4313 WHITEHOOF WAY

City
ANTIOCH

State Zip Code
CA 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947267

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 370

(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. BETH E SNOW

Mailing Address 4313 WHITEHOOF WAY

City State Zip Code
ANTIOCH CA 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

Full Name (Last, First, Middle Initial)

B. BETH E SNOW

Mailing Address 4313 WHITEHOOF WAY

City State Zip Code
ANTIOCH CA 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

Full Name (Last, First, Middle Initial)

C. BETH E SNOW

Mailing Address 4313 WHITEHOOF WAY

City State Zip Code
ANTIOCH CA 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

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 289 OF 370

(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. BETH E SNOW

Mailing Address 4313 WHITEHOOF WAY

City State Zip Code
ANTIOCH CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386019

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. BETH E SNOW

Mailing Address 4313 WHITEHOOF WAY

City State Zip Code
ANTIOCH CA 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4460980

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. BETH E SNOW

Mailing Address 4313 WHITEHOOF WAY

City State Zip Code
ANTIOCH CA 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4463215

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 OF 370

(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. BETH E SNOW

Mailing Address 4313 WHITEHOOF WAY

City State Zip Code
 ANTIOCH CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465441

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947276

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. 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 Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947277

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)
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FOR LINE NUMBER: PAGE 291 OF 370

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947278

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

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383954

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. 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 Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386021

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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PAGE 292 OF 370

☒ 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 State Zip Code
 DANVILLE CA 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

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4460982

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
 American Income Life Ins.

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / 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)

C. 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 Ins.

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465443

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 293 OF 370
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☒ 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 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

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
 07 18 2011

Transaction ID : C3947365

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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

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
 07 18 2011

Transaction ID : C3947366

Amount of Each Receipt this Period

100.00

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

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
 07 18 2011

Transaction ID : C3947367

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 OF 370

(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 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

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 : C4383976

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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

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 : C4386042

Amount of Each Receipt this Period

100.00

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

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 : C4460999

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 295 OF 370

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☒ 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 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

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 : C4463232

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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

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 : C4465457

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Rona Spano

Mailing Address 8225 BAILEY RD

City State Zip Code
 DARIEN IL 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943294

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

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 370

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Rona Spano

Mailing Address 8225 BAILEY RD

City
DARIENState
ILZip Code
60561FEC ID number of 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

Full Name (Last, First, Middle Initial)

B. Rona Spano

Mailing Address 8225 BAILEY RD

City
DARIENState
ILZip Code
60561FEC ID number of 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

Full Name (Last, First, Middle Initial)

C. Rona Spano

Mailing Address 8225 BAILEY RD

City
DARIENState
ILZip Code
60561FEC ID number of 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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 370

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Rona Spano

Mailing Address 8225 BAILEY RD

City
DARIENState Zip Code
IL 60561FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income LifeOccupation
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

Full Name (Last, First, Middle Initial)

B. Rona Spano

Mailing Address 8225 BAILEY RD

City
DARIENState Zip Code
IL 60561FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income LifeOccupation
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 : C4460187

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Rona Spano

Mailing Address 8225 BAILEY RD

City
DARIENState Zip Code
IL 60561FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income LifeOccupation
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 : C4462471

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)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 298 OF 370

☒ 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. Rona Spano

Mailing Address 8225 BAILEY RD

City
DARIEN

State Zip Code
IL 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4464775

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JOHN C SPARBY

Mailing Address 5191 183RD ST W

City
FARMINGTON

State Zip Code
MN 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947253

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOHN C SPARBY

Mailing Address 5191 183RD ST W

City
FARMINGTON

State Zip Code
MN 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947254

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 299 OF 370
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☒ 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. JOHN C SPARBY

Mailing Address 5191 183RD ST W

City State Zip Code
FARMINGTON MN 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947255

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JOHN C SPARBY

Mailing Address 5191 183RD ST W

City State Zip Code
FARMINGTON MN 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 / D D / Y Y Y Y Y Y
11 16 2011

Transaction ID : C4383948

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOHN C SPARBY

Mailing Address 5191 183RD ST W

City State Zip Code
FARMINGTON MN 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 / D D / Y Y Y Y Y Y
11 16 2011

Transaction ID : C4386015

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 OF 370
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☒ 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. JOHN C SPARBY

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4460977

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JOHN C SPARBY

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4463211

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOHN C SPARBY

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4465438

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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 301 OF 370

☒ 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. PATRICK X STENGLEIN

Mailing Address 2253 VERDE CAPE AVE

City
HENDERSON

State Zip Code
NV 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 18 2011

Transaction ID : C3947182

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. PATRICK X STENGLEIN

Mailing Address 2253 VERDE CAPE AVE

City
HENDERSON

State Zip Code
NV 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 18 2011

Transaction ID : C3947183

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. PATRICK X STENGLEIN

Mailing Address 2253 VERDE CAPE AVE

City
HENDERSON

State Zip Code
NV 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 18 2011

Transaction ID : C3947184

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 302 OF 370

(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. PATRICK X STENGLEIN

Mailing Address 2253 VERDE CAPE AVE

City State Zip Code
 HENDERSON NV 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383926

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. PATRICK X STENGLEIN

Mailing Address 2253 VERDE CAPE AVE

City State Zip Code
 HENDERSON NV 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4385993

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. PATRICK X STENGLEIN

Mailing Address 2253 VERDE CAPE AVE

City State Zip Code
 HENDERSON NV 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4460955

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 303 OF 370

☒ 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. PATRICK X STENGLEIN

Mailing Address 2253 VERDE CAPE AVE

City
HENDERSON

State Zip Code
NV 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4463190

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. PATRICK X STENGLEIN

Mailing Address 2253 VERDE CAPE AVE

City
HENDERSON

State Zip Code
NV 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4465417

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. RYAN J STENGLEIN

Mailing Address 12631 E IMPERIAL HWY STE F132

City
SANTA FE SPRINGS

State Zip Code
CA 90670

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947371

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 304 OF 370

☒ 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. RYAN J STENGLEIN

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

Information Requested

Information Requested

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 : C3947372

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. RYAN J STENGLEIN

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

Information Requested

Information Requested

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 : C3947373

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. RYAN J STENGLEIN

Mailing Address 12631 E IMPERIAL HWY STE F132

City State Zip Code
 SANTA FE SPRINGS CA 90670

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383977

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 OF 370

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. 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 ▼

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

Full Name (Last, First, Middle Initial)

B. 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 ▼

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

Full Name (Last, First, Middle Initial)

C. 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 ▼

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:
(check only one)

PAGE 306 OF 370

☒ 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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943982

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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943983

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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943984

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 307 OF 370

(check only one)

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☐ 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 State Zip Code
 CLEVELAND OH 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 / D D / Y Y Y Y Y
 11 16 2011

Transaction ID : C4383184

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

B. James M Surace

Mailing Address 12301 RIDGE RD

City State Zip Code
 CLEVELAND OH 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 / D D / Y Y Y Y Y
 11 16 2011

Transaction ID : C4385327

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

C. JAMES M SURACE

Mailing Address PO Box 208

City State Zip Code
 Waco TX 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 / D D / Y Y Y Y Y
 11 16 2011

Transaction ID : C4388742

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)
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 308 OF 370

(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	State	Zip Code
CLEVELAND	OH	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	/	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	State	Zip Code
CLEVELAND	OH	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	/	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	State	Zip Code
CLEVELAND	OH	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	/	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)..... ►

TOTAL This Period (last page this line number only)..... ►

1248.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 OF 370

(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. LILY T TCHEN

Mailing Address 5481 MYRA AVE

City State Zip Code
 CYPRESS CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947191

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. LILY T TCHEN

Mailing Address 5481 MYRA AVE

City State Zip Code
 CYPRESS CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947192

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. LILY T TCHEN

Mailing Address 5481 MYRA AVE

City State Zip Code
 CYPRESS CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947193

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 310 OF 370

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☒ 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. LILY T TCHEN

Mailing Address 5481 MYRA AVE

City State Zip Code
 CYPRESS CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383928

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. LILY T TCHEN

Mailing Address 5481 MYRA AVE

City State Zip Code
 CYPRESS CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4385995

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. LILY T TCHEN

Mailing Address 5481 MYRA AVE

City State Zip Code
 CYPRESS CA 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 / 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)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 311 OF 370

(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. LILY T TCHEN

Mailing Address 5481 MYRA AVE

City State Zip Code
 CYPRESS CA 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 / D D / Y Y Y Y Y
 12 29 2011

Transaction ID : C4463192

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. LILY T TCHEN

Mailing Address 5481 MYRA AVE

City State Zip Code
 CYPRESS CA 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 / D D / Y Y Y Y Y
 12 29 2011

Transaction ID : C4465419

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Suzanne Terry

Mailing Address 818 Appomattox St

City State Zip Code
 Hopewell VA 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 / D D / Y Y Y Y Y
 07 18 2011

Transaction ID : C3942272

Amount of Each Receipt this Period

38.48

SUBTOTAL of Receipts This Page (optional)..... ►

78.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 312 OF 370

(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. Suzanne Terry

Mailing Address 818 Appomattox St

City State Zip Code
Hopewell VA 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 / D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : C3960811

Amount of Each Receipt this Period

38.48

Full Name (Last, First, Middle Initial)

B. Suzanne Terry

Mailing Address 818 Appomattox St

City State Zip Code
Hopewell VA 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 / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : C4279613

Amount of Each Receipt this Period

76.96

Full Name (Last, First, Middle Initial)

C. Suzanne Terry

Mailing Address 818 Appomattox St

City State Zip Code
Hopewell VA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4372747

Amount of Each Receipt this Period

76.96

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: PAGE 313 OF 370

(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. Suzanne Terry

Mailing Address 818 Appomattox St

City State Zip Code
 Hopewell VA 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 / D D / Y Y Y Y Y
 12 16 2011

Transaction ID : C4400914

Amount of Each Receipt this Period

38.48

Full Name (Last, First, Middle Initial)

B. RANDY E TEYSSIER

Mailing Address 2716 NW 171ST ST

City State Zip Code
 EDMOND OK 73012

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 18 2011

Transaction ID : C3947405

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. RANDY E TEYSSIER

Mailing Address 2716 NW 171ST ST

City State Zip Code
 EDMOND OK 73012

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 18 2011

Transaction ID : C3947406

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

438.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 OF 370

(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. RANDY E TEYSSIER

Mailing Address 2716 NW 171ST ST

City State Zip Code
EDMOND OK 73012

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947407

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. RANDY E TEYSSIER

Mailing Address 2716 NW 171ST ST

City State Zip Code
EDMOND OK 73012

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383987

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. RANDY E TEYSSIER

Mailing Address 2716 NW 171ST ST

City State Zip Code
EDMOND OK 73012

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386052

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 OF 370

(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. RANDY E TEYSSIER

Mailing Address 2716 NW 171ST ST

City
EDMONDState Zip Code
OK 73012FEC 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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4461008

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. RANDY E TEYSSIER

Mailing Address 404 JACK PINE CT

City
GIBSONIAState Zip Code
PA 15044FEC 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4464682

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. RANDY E TEYSSIER

Mailing Address 404 JACK PINE CT

City
GIBSONIAState Zip Code
PA 15044FEC 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4466556

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 316 OF 370

☒ 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. JEFFERY P THIEL

Mailing Address 1790 WESTMEADE DR

City State Zip Code
CHESTERFIELD MO 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

07 / 18 / 2011

Transaction ID : C3948770

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JEFFERY P THIEL

Mailing Address 1790 WESTMEADE DR

City State Zip Code
CHESTERFIELD MO 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

07 / 18 / 2011

Transaction ID : C3948771

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JEFFERY P THIEL

Mailing Address 1790 WESTMEADE DR

City State Zip Code
CHESTERFIELD MO 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

07 / 18 / 2011

Transaction ID : C3948772

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

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 370
(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. JEFFERY P THIEL

Mailing Address 1790 WESTMEADE DR

City State Zip Code
CHESTERFIELD MO 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 / D D / Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4384276

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JEFFERY P THIEL

Mailing Address 1790 WESTMEADE DR

City State Zip Code
CHESTERFIELD MO 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 / D D / Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386280

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JEFFERY P THIEL

Mailing Address 1790 WESTMEADE DR

City State Zip Code
CHESTERFIELD MO 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 / D D / Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4461190

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 318 OF 370

☒ 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. JEFFERY P THIEL

Mailing Address 1790 WESTMEADE DR

City State Zip Code
CHESTERFIELD MO 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

12 / 29 / 2011

Transaction ID : C4463391

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JEFFERY P THIEL

Mailing Address 1790 WESTMEADE DR

City State Zip Code
CHESTERFIELD MO 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

12 / 29 / 2011

Transaction ID : C4465601

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. KRISTA M THIEME

Mailing Address 16825 N 14TH ST #93

City State Zip Code
PHOENIX AZ 85022

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 18 / 2011

Transaction ID : C3947224

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 319 OF 370

☒ 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. KRISTA M THIEME

Mailing Address 16825 N 14TH ST #93

City
PHOENIX

State Zip Code
AZ 85022

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947225

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. KRISTA M THIEME

Mailing Address 16825 N 14TH ST #93

City
PHOENIX

State Zip Code
AZ 85022

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947226

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. KRISTA M THIEME

Mailing Address 16825 N 14TH ST #93

City
PHOENIX

State Zip Code
AZ 85022

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383937

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 OF 370

(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. KRISTA M THIEME

Mailing Address 16825 N 14TH ST #93

City State Zip Code
 PHOENIX AZ 85022

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4386004

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. KRISTA M THIEME

Mailing Address 16825 N 14TH ST #93

City State Zip Code
 PHOENIX AZ 85022

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4460966

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. KRISTA M THIEME

Mailing Address 16825 N 14TH ST #93

City State Zip Code
 PHOENIX AZ 85022

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life Ins.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4463201

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 321 OF 370

(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. KRISTA M THIEME

Mailing Address 16825 N 14TH ST #93

City
PHOENIXState Zip Code
AZ 85022FEC ID number of contributing
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 / D D / Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4465428

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Becky Turner

Mailing Address 704 ROYAL VIEW CT

City
WEATHERFORDState Zip Code
TX 76086FEC ID number of contributing
federal political committee.

C

Name of Employer

LOCAL 277

Occupation

President/Business Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3942324

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert A Ulreich

Mailing Address 180 VISTA DEL MOR

City
SAN RAFAELState Zip Code
CA 94901FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943264

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
(check only one)

PAGE 322 OF 370

☒ 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 State Zip Code
 SAN RAFAEL CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943265

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 State Zip Code
 SAN RAFAEL CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3943266

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 State Zip Code
 SAN RAFAEL CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4383008

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 323 OF 370
(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 State Zip Code
SAN RAFAEL CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4385149

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 State Zip Code
SAN RAFAEL CA 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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4388814

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 State Zip Code
SAN RAFAEL CA 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 / D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4460177

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 324 OF 370

☒ 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 State Zip Code
 SAN RAFAEL CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462461

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 State Zip Code
 SAN RAFAEL CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4464766

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DUSTIN W VENEKAMP

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

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
 07 18 2011

Transaction ID : C3947374

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 325 OF 370

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☐ 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. DUSTIN W VENEKAMP

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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947375

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DUSTIN W VENEKAMP

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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3947376

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DUSTIN W VENEKAMP

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 / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383979

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 326 OF 370

(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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Full Name (Last, First, Middle Initial)

A. DUSTIN W VENEKAMP

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

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

Full Name (Last, First, Middle Initial)

B. DUSTIN W VENEKAMP

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

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

Full Name (Last, First, Middle Initial)

C. DUSTIN W VENEKAMP

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

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 : C4463233

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**

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FOR LINE NUMBER:
(check only one)

PAGE 327 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. DUSTIN W VENEKAMP

Mailing Address 1004 DIVISION ST #301

City
BILLINGS

State Zip Code
MT 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 / D D / Y Y Y Y Y Y
12 29 2011

Transaction ID : C4465458

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. WILL P VERBETEN

Mailing Address 8035 W OKLAHOMA AVE #8

City
MILWAUKEE

State Zip Code
WI 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947194

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. WILL P VERBETEN

Mailing Address 8035 W OKLAHOMA AVE #8

City
MILWAUKEE

State Zip Code
WI 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947195

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

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FOR LINE NUMBER:
(check only one)

PAGE 328 OF 370

☒ 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. WILL P VERBETEN

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

American Income Life Ins.

Occupation

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
07 18 2011

Transaction ID : C3947196

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. WILL P VERBETEN

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

American Income Life Ins.

Occupation

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
11 16 2011

Transaction ID : C4383930

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. WILL P VERBETEN

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

American Income Life Ins.

Occupation

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
11 16 2011

Transaction ID : C4385997

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**

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PAGE 329 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. WILL P VERBETEN

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

American Income Life Ins.

Occupation

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 : C4460959

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. WILL P VERBETEN

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

American Income Life Ins.

Occupation

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 : C4463194

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. WILL P VERBETEN

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

American Income Life Ins.

Occupation

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 : C4465421

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 330 OF 370

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☐ 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. DANIEL WALTON

Mailing Address 8017 ROSABERRY RUN

City State Zip Code
WESTERVILLE OH 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947200

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DANIEL WALTON

Mailing Address 8017 ROSABERRY RUN

City State Zip Code
WESTERVILLE OH 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947201

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DANIEL WALTON

Mailing Address 8017 ROSABERRY RUN

City State Zip Code
WESTERVILLE OH 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947202

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 331 OF 370

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☐ 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. DANIEL WALTON

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4383932

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DANIEL WALTON

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C4385999

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DANIEL WALTON

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 29 / 2011

Transaction ID : C4460961

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 332 OF 370

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☐ 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. DANIEL WALTON

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
☐ Other (specify) ▼

☐ General

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

Full Name (Last, First, Middle Initial)

B. DANIEL WALTON

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
☐ Other (specify) ▼

☐ General

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

Full Name (Last, First, Middle Initial)

C. RODNEY E WARD

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C3943499

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 333 OF 370
(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. RODNEY E WARD

Mailing Address 18944 EMIT RD

City State Zip Code
BROWNSTOWN MI 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3943500

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. RODNEY E WARD

Mailing Address 18944 EMIT RD

City State Zip Code
BROWNSTOWN MI 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3943501

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. RODNEY E WARD

Mailing Address 18944 EMIT RD

City State Zip Code
BROWNSTOWN MI 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 / D D / Y Y Y Y Y Y
11 16 2011

Transaction ID : C4383075

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 334 OF 370
(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. RODNEY E WARD

Mailing Address 18944 EMIT RD

City State Zip Code
 BROWNSTOWN MI 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4385218

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. RODNEY E WARD

Mailing Address 18944 EMIT RD

City State Zip Code
 BROWNSTOWN MI 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4388860

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. RODNEY E WARD

Mailing Address 18944 EMIT RD

City State Zip Code
 BROWNSTOWN MI 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4460245

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 OF 370

(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. RODNEY E WARD

Mailing Address 18944 EMIT RD

City State Zip Code
 BROWNSTOWN MI 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462529

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. RODNEY E WARD

Mailing Address 18944 EMIT RD

City State Zip Code
 BROWNSTOWN MI 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4464833

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JAMI WEATHERSPOON

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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

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: PAGE 336 OF 370

(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. JAMI WEATHERSPOON

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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

Full Name (Last, First, Middle Initial)

B. JAMI WEATHERSPOON

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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

Full Name (Last, First, Middle Initial)

C. JAMI WEATHERSPOON

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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 : C4463359

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

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 337 OF 370

☒ 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. JAMI WEATHERSPOON

Mailing Address 11559 CUMBERLAND RD STE 200

City State Zip Code
 FISHERS IN 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 : C4465573

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JEREMY WELCH

Mailing Address 7609 VESTAL BLVD APT 30

City State Zip Code
 NORTH LITTLE ROCK AR 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947464

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 State Zip Code
 NORTH LITTLE ROCK AR 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947465

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

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 338 OF 370

☒ 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 State Zip Code
 NORTH LITTLE ROCK AR 72113

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

M M / 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)

B. JEREMY WELCH

Mailing Address 7609 VESTAL BLVD APT 30

City State Zip Code
 NORTH LITTLE ROCK AR 72113

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

M M / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4386067

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JEREMY WELCH

Mailing Address 2010 REBSAMEN PARK RD #305

City State Zip Code
 LITTLE ROCK AR 72202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American Income Life Ins.

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4462031

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 339 OF 370

☒ 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 2010 REBSAMEN PARK RD #305

City State Zip Code
LITTLE ROCK AR 72202

FEC ID number of contributing
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
12 29 2011

Transaction ID : C4464012

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JEREMY WELCH

Mailing Address 2010 REBSAMEN PARK RD #305

City State Zip Code
LITTLE ROCK AR 72202

FEC ID number of contributing
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
12 29 2011

Transaction ID : C4466069

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jacqueline K White-Brown

Mailing Address 128 W Olive Ave

City State Zip Code
Monrovia CA 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3949824

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 340 OF 370

(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. Jacqueline K White-Brown

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : C3960776

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jacqueline K White-Brown

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : C3995855

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jacqueline K White-Brown

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : C4012388

Amount of Each Receipt this Period

50.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 341 OF 370

(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. Jacqueline K White-Brown

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : C4331918

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jacqueline K White-Brown

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 08 / 2011

Transaction ID : C4400650

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. ROBE WHITTINGHILL

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2011

Transaction ID : C3947394

Amount of Each Receipt this Period

150.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 342 OF 370
(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. ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City State Zip Code
 SAN DIEGO CA 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 Y Y
 07 18 2011

Transaction ID : C3947395

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City State Zip Code
 SAN DIEGO CA 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 Y Y
 07 18 2011

Transaction ID : C3947396

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City State Zip Code
 SAN DIEGO CA 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 Y Y
 11 16 2011

Transaction ID : C4383985

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
(check only one)

PAGE 343 OF 370

☒ 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. ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City State Zip Code
 SAN DIEGO CA 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 Y Y
 11 16 2011

Transaction ID : C4386049

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City State Zip Code
 SAN DIEGO CA 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 Y Y
 12 29 2011

Transaction ID : C4461006

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City State Zip Code
 SAN DIEGO CA 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 Y Y
 12 29 2011

Transaction ID : C4463239

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 344 OF 370
(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. ROBE WHITTINGHILL

Mailing Address 5703 OBERLIN DR SUITE 106

City State Zip Code
 SAN DIEGO CA 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 Y Y
 12 29 2011

Transaction ID : C4465464

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. CYNTHIA J WILHELMI

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

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
 07 18 2011

Transaction ID : C3947377

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CYNTHIA J WILHELMI

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

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
 07 18 2011

Transaction ID : C3947378

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 345 OF 370

☒ 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. CYNTHIA J WILHELMI

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

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
 07 18 2011

Transaction ID : C3947379

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CYNTHIA J WILHELMI

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

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 : C4383980

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CYNTHIA J WILHELMI

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

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 : C4386044

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 346 OF 370

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. CYNTHIA J WILHELMI

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

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
 12 29 2011

Transaction ID : C4461001

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CYNTHIA J WILHELMI

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

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
 12 29 2011

Transaction ID : C4463234

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CYNTHIA J WILHELMI

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

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
 12 29 2011

Transaction ID : C4465459

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 347 OF 370

☒ 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. TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
PLANTATION FL 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 / D D / Y Y Y Y Y
07 18 2011

Transaction ID : C3947408

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
PLANTATION FL 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 / D D / Y Y Y Y Y
07 18 2011

Transaction ID : C3947409

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
PLANTATION FL 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 / D D / Y Y Y Y Y
07 18 2011

Transaction ID : C3947410

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

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 370

(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. TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
 PLANTATION FL 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

11 / 16 / 2011

Transaction ID : C4383989

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
 PLANTATION FL 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

11 / 16 / 2011

Transaction ID : C4386053

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
 PLANTATION FL 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

12 / 29 / 2011

Transaction ID : C4461010

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 349 OF 370

☒ 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. TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
 PLANTATION FL 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4463241

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. TOM WILLIAMS

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
 PLANTATION FL 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465466

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. GEVORG YANUKYAN

Mailing Address 1112 E MAPLE AVE #1112

City State Zip Code
 GLENDALE CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947608

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 350 OF 370

☒ 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. GEVORG YANUKYAN

Mailing Address 1112 E MAPLE AVE #1112

City State Zip Code
 GLENDALE CA 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 / D D / Y Y Y Y Y Y
 07 18 2011

Transaction ID : C3947609

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. GEVORG YANUKYAN

Mailing Address 1112 E MAPLE AVE #1112

City State Zip Code
 GLENDALE CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4384041

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. GEVORG YANUKYAN

Mailing Address 1112 E MAPLE AVE #1112

City State Zip Code
 GLENDALE CA 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 / D D / Y Y Y Y Y Y
 11 16 2011

Transaction ID : C4386101

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 351 OF 370

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. GEVORG YANUKYAN

Mailing Address 1112 E MAPLE AVE #1112

City State Zip Code
 GLENDALE CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4461053

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. GEVORG YANUKYAN

Mailing Address 1112 E MAPLE AVE #1112

City State Zip Code
 GLENDALE CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4463273

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. GEVORG YANUKYAN

Mailing Address 1112 E MAPLE AVE #1112

City State Zip Code
 GLENDALE CA 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465498

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 352 OF 370

☒ 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 S ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
PLANTATION FL 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947411

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. DAVID S ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
PLANTATION FL 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947412

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. DAVID S ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
PLANTATION FL 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 / D D / Y Y Y Y Y Y
07 18 2011

Transaction ID : C3947413

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 353 OF 370

☒ 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 S ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
PLANTATION FL 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 / D D / Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4383990

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. DAVID S ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
PLANTATION FL 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 / D D / Y Y Y Y Y
11 / 16 / 2011

Transaction ID : C4386054

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. DAVID S ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
PLANTATION FL 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 / D D / Y Y Y Y Y
12 / 29 / 2011

Transaction ID : C4461011

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 OF 370

(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 S ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
 PLANTATION FL 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4463242

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. DAVID S ZOPHIN

Mailing Address 300 S PINE ISLAND RD STE 308

City State Zip Code
 PLANTATION FL 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 / D D / Y Y Y Y Y Y
 12 29 2011

Transaction ID : C4465467

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

110883.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 OF 370
(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 State Zip Code
 Laurel MD 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

M M / D D / Y Y Y Y Y Y
 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 State Zip Code
 Laurel MD 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

M M / D D / Y Y Y Y Y Y
 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 State Zip Code
 Laurel MD 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

M M / D D / Y Y Y Y Y Y
 10 31 2011

Transaction ID : C4376509

Amount of Each Receipt this Period

45.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

176.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 OF 370
(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 State Zip Code
 Laurel MD 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

M M / D D / Y Y Y Y Y Y
 12 31 2011

Transaction ID : C4459649

Amount of Each Receipt this Period

67.45

Full Name (Last, First, Middle Initial)

B. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City State Zip Code
 Washington DC 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 / D D / Y Y Y Y Y Y
 07 31 2011

Transaction ID : C3960108

Amount of Each Receipt this Period

23.56

Full Name (Last, First, Middle Initial)

C. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City State Zip Code
 Washington DC 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 / D D / Y Y Y Y Y Y
 08 31 2011

Transaction ID : C3996655

Amount of Each Receipt this Period

20.99

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 OF 370
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. CITIBANK, F.S.B.

Mailing Address 1101 Pennsylvania Avenue, N.W.

City State Zip Code
 Washington DC 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 / 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 State Zip Code
 Washington DC 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 / 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 State Zip Code
 Washington DC 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 / D D / Y Y Y Y Y Y
 12 31 2011

Transaction ID : C4487812

Amount of Each Receipt this Period

29.48

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.50

422.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 358 OF 370

<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 SoftwareMailing 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) ▼

State: District: Filing Software

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

Transaction ID : D247834

Amount of Each Disbursement this Period

1125.00

Full Name (Last, First, Middle Initial)

B. NGP SoftwareMailing 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) ▼

State: District: Filing Software

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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 PageFOR LINE NUMBER:
(check only one)

PAGE 359 OF 370

<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. Arizona State Democratic Central Executive Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2011

Mailing Address 2910 North Central Avenue

City	State	Zip Code
Phoenix	AZ	85012

Purpose of Disbursement
Arizona Democratic Party

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : D255708

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Ben Cardin

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2011

Mailing Address P.O. Box 21093

City	State	Zip Code
Catonsville	MD	21228

Purpose of Disbursement
Senate MD 3rd District

011

Candidate Name

Category/
Type**Ben Cardin**Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 03

Transaction ID : D246989

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BETTY SUTTON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2011

Mailing Address 1700 W. Market St. #155

City	State	Zip Code
Akron	OH	44313

Purpose of Disbursement
OH 13 - General

011

Candidate Name

Category/
Type**Betty Sutton**Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 13

Transaction ID : D253796

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5200.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 360 OF 370

<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. Brad Witt For CongressMailing Address 8630 SW SCHOLLS FERRY RD
PMB 313

City BEAVERTON State OR Zip Code 97008

Purpose of Disbursement
1st Congressional District - OR

Candidate Name

BRADLEY K WITTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 01

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

Full Name (Last, First, Middle Initial)

B. Friends of Mazie Hirono

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement
US Senate HI

Candidate Name

Mazie HironoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2011

Transaction ID : D254859

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GARAMENDI FOR CONGRESSMailing 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

Candidate Name

JOHN GARAMENDIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement 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	/	02	/	2011

Transaction ID : D253798

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 361 OF 370

<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.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2011

Mailing Address 825 N Jefferson

City	State	Zip Code
Milwaukee	WI	53202

Purpose of Disbursement
Check Returned and Voided/Senate-WI

011

Transaction ID : D248059

Amount of Each Disbursement this Period

-2500.00

Candidate Name

Herb KohlCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Full Name (Last, First, Middle Initial)

B. Herb Kohl For United States Senate, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2011

Mailing Address 825 N Jefferson

City	State	Zip Code
Milwaukee	WI	53202

Purpose of Disbursement
Senate - WI

011

Transaction ID : D246991

Amount of Each Disbursement this Period

2500.00

Candidate Name

Herb KohlCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Full Name (Last, First, Middle Initial)

C. Jerry McNerney

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

Mailing Address 6520 Village Parkway
2nd Floor

City	State	Zip Code
Dublin	CA	94568

Purpose of Disbursement
CA - 11 General

011

Transaction ID : D253797

Amount of Each Disbursement this Period

2500.00

Candidate Name

Jerry McNerneyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 11

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 362 OF 370

<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. Kirsten Gillibrand

Mailing Address 514 Warren Street

City Hudson	State NY	Zip Code 12534
----------------	-------------	-------------------

Purpose of Disbursement
Senate Primary 2012

Candidate Name

Kristen GillibrandOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2011

Transaction ID : D247221

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kreitlew For Congress

Mailing Address 333 E Prairie View Road

City Chippewa Falls	State WI	Zip Code 54729
------------------------	-------------	-------------------

Purpose of Disbursement
WI - 07 District

Candidate Name

Patrick KreitlewOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement 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)

C. Mark Begish

Mailing Address PO BOX 410

City PALMER	State AK	Zip Code 99645
----------------	-------------	-------------------

Purpose of Disbursement
Senate AK

Candidate Name

MARK BEGICHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement 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

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 363 OF 370

<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. 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

Candidate Name

JOHN GARAMENDIOffice 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

Full Name (Last, First, Middle Initial)

B. Michaud for Congress

Mailing Address PO Box 151257

City Columbus	State OH	Zip Code 43215-8257
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Purpose of Disbursement
ME - 2nd District House

Candidate Name

Michael MichaudOffice 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 Y
07		26		2011

Transaction ID : D246405

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Moran For Congress

Mailing Address 311 N Washington Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement
VA - 08

Candidate Name

James Moran JrOffice 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 Y
08		09		2011

Transaction ID : D246998

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 365 OF 370

<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

Candidate Name

010

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2011

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of Contributi

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

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

307.66

307.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 366 OF 370

<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.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

Mailing Address 1101 Pennsylvania Avenue, N.W.

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type**Transaction ID : D262306**

Amount of Each Disbursement this Period

81.49

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. CITIBANK, F.S.B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Mailing Address 1101 Pennsylvania Avenue, N.W.

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type**Transaction ID : D263140**

Amount of Each Disbursement this Period

24.90

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. CITIBANK, F.S.B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Mailing Address 1101 Pennsylvania Avenue, N.W.

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Bank Charge

Candidate Name

Category/
Type**Transaction ID : D248300**

Amount of Each Disbursement this Period

69.60

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:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.99

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 367 OF 370

<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.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Mailing Address 1101 Pennsylvania Avenue, N.W.

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Service Charge-NY

001

Candidate Name

Category/
Type

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:

Transaction ID : D248302

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

B. CITIBANK, F.S.B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2011

Mailing Address 1101 Pennsylvania Avenue, N.W.

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Service Charge-NY

001

Candidate Name

Category/
Type

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:

Transaction ID : D247223

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

C. CITIBANK, F.S.B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2011

Mailing Address 1101 Pennsylvania Avenue, N.W.

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
ACH Debit - JB MOSS VOTE ACCOUNT

001

Candidate Name

Category/
Type

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:

Transaction ID : D247225

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ►

58.00

TOTAL This Period (last page this line number only)..... ►

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 368 OF 370

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Earl Ray Tomblin 2011

Mailing Address PO Box 410

City	State	Zip Code
Palmer	AK	99645

Purpose of Disbursement
Governor - WV - General

011

Candidate Name

Earl Ray TomblinCategory/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2011

Transaction ID : D247219

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dempsey Committee

Mailing Address 202 Bonham Rd

City	State	Zip Code
Dedham	MA	02026-5404

Purpose of Disbursement
State Representative-MA

011

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2011

Transaction ID : D262304

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dempsey Committee

Mailing Address 202 Bonham Rd

City	State	Zip Code
Dedham	MA	02026-5404

Purpose of Disbursement
State Representative-MA

011

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : D253575

Amount of Each Disbursement this Period

-250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 369 OF 370

<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	State	Zip Code
Plymouth	MA	02360

Purpose of Disbursement
Plymouth Board of Selectman - MA

011

Candidate Name

John T MahoneyCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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	State	Zip Code
South Boston	MA	02127

Purpose of Disbursement
MA-State Representative

011

Candidate Name

Martin WalshCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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	State	Zip Code
Worcester	MA	01609

Purpose of Disbursement
MA-Lieutenant Gov.

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

OPEIU JB Moss Voice of the Electorate (VOTE)

250.00

3533.99