



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
One Voice

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		11971.21
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	11971.21									
(c) Total Receipts (from Line 19) .....	32020.00	32020.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43991.21	43991.21								
7. Total Disbursements (from Line 31) .....	13842.86	13842.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30148.35	30148.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
One Voice

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	31500.00	31500.00
(ii) Unitemized .....	520.00	520.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	32020.00	32020.00
(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) .....	32020.00	32020.00
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.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32020.00	32020.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32020.00	32020.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8842.86	8842.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8842.86	8842.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13842.86	13842.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13842.86	13842.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	32020.00	32020.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32020.00	32020.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8842.86	8842.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8842.86	8842.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
One Voice

**A.** Full Name (Last, First, Middle Initial)  
Geeta B Aiyers

Mailing Address 204 Pleasant Street

City Brookline State MA Zip Code 02446-6804

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

Name of Employer Boston Common Asset Management LLC Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 05 / 01 / 2009

**Transaction ID:** C2165961

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Joanie Bronfman

Mailing Address 1731 Beacon St Apt 517

City Brookline State MA Zip Code 02445-5325

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

Name of Employer Self employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 04 / 30 / 2009

**Transaction ID:** C2059222

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Fogelberg

Mailing Address 25 Freeman St

City Auburndale State MA Zip Code 02466-1205

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

Name of Employer Partnership for Democracy & Education Occupation Program Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 05 / 22 / 2009

**Transaction ID:** C2172698

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line 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 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
One Voice

**A.** Full Name (Last, First, Middle Initial)  
Celia Gilbert

Mailing Address 15 Gray Gdns W

City State Zip Code  
Cambridge MA 02138-2311

FEC ID number of contributing federal political committee. C

Name of Employer Self employed Occupation  
Self employed Poet

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2009  
Transaction ID: C2061515  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Lee S Halprin

Mailing Address 104 Irving St

City State Zip Code  
Cambridge MA 02138-2067

FEC ID number of contributing federal political committee. C

Name of Employer Self employed Occupation  
Self employed Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2009  
Transaction ID: C2057599  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Swanee Hunt

Mailing Address 168 Brattle St

City State Zip Code  
Cambridge MA 02138-3309

FEC ID number of contributing federal political committee. C

Name of Employer Self employed Occupation  
Self employed Philanthropist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2009  
Transaction ID: C2061511  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

**TOTAL** This Period (last page this line 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 8 / 18  
(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)  
One Voice

**A.**

Full Name (Last, First, Middle Initial)  
Greg Jobin-Leeds

Mailing Address 9 Gray Gardens E

City State Zip Code  
Cambridge MA 02138-1401

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

Name of Employer Jobin-Leeds Partnership for Democracy  
Occupation Chief Investing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** C2048429

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Maria Jobin-Leeds

Mailing Address 9 Grey Gardens E

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Jobin-Leeds Partnership for Democracy  
Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** C2048428

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara F Lee

Mailing Address 23 Craigie Street Ste 2

City State Zip Code  
Cambridge MA 02138-5752

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

Name of Employer Self employed  
Occupation Philanthropist/Activist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2009

**Transaction ID:** C2061514

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**TOTAL** This Period (last page this line 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 / 18  
(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)  
One Voice

**A.**

Full Name (Last, First, Middle Initial)  
Gerard G Leeds

Mailing Address 17 Hilltop Drive

City State Zip Code  
Great Neck NY 11021-3113

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2009

**Transaction ID: C2061516**

Amount of Each Receipt this Period  
3000.00

**B.**

Full Name (Last, First, Middle Initial)  
Lilo Leeds

Mailing Address 17 Hilltop Drive

City State Zip Code  
Great Neck NY 11021-3113

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

Name of Employer Hartman Management Group Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2009

**Transaction ID: C2061517**

Amount of Each Receipt this Period  
3000.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard A Leeds

Mailing Address 227 Bellevue Way NE # 543

City State Zip Code  
Bellevue WA 98004

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

Name of Employer CPI Corp. Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID: C2371010**

Amount of Each Receipt this Period  
4000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 18  
(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)  
One Voice

**A.**

Full Name (Last, First, Middle Initial)  
Augustus C. Okoye

Mailing Address 278 Brush Hill Rd

City Milton State MA Zip Code 02186-1032

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

Name of Employer Gusten Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2009

Transaction ID: C2329104

Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 210 Lake Ct

City Aptos State CA Zip Code 95003-4617

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

Name of Employer City of Oakland Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2009

Transaction ID: C23651

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard K Robbins

Mailing Address 1120 Nye St Ste 400

City San Rafael State CA Zip Code 94901-2946

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

Name of Employer Self employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 10 / 2009

Transaction ID: C2056944

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5750.00

**TOTAL** This Period (last page this line number only) ..... ► 31500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
One Voice

A.	Full Name (Last, First, Middle Initial) Articulated Man Inc.	Transaction ID: D157725 Date of Disbursement 03 / 05 / 2009
	Mailing Address 1508 W Sunnyside Ave	Amount of Each Disbursement this Period 750.00
	City Chicago State IL Zip Code 60640-5906	
	Purpose of Disbursement Internet hosting Candidate Name	001 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) ▼

B.	Full Name (Last, First, Middle Initial) Articulated Man Inc.	Transaction ID: D165613 Date of Disbursement 05 / 12 / 2009
	Mailing Address 1508 W Sunnyside Ave	Amount of Each Disbursement this Period 450.00
	City Chicago State IL Zip Code 60640-5906	
	Purpose of Disbursement Internet hosting Candidate Name	001 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) ▼

C.	Full Name (Last, First, Middle Initial) Ethnica Catering	Transaction ID: D165614 Date of Disbursement 05 / 19 / 2009
	Mailing Address 103 Highland Ave	Amount of Each Disbursement this Period 1198.00
	City Randolph State MA Zip Code 02368-4712	
	Purpose of Disbursement Catering for event Candidate Name	003 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2398.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
One Voice

A.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D157724 Date of Disbursement MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 1225 I St NW Ste 1225	Amount of Each Disbursement this Period 300.00
	City Washington State DC Zip Code 20005-5918	
	Purpose of Disbursement Campaign Software Candidate Name	001 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) ▼

B.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D175503 Date of Disbursement MM / DD / YYYY 06 / 03 / 2009
	Mailing Address 1225 I St NW Ste 1225	Amount of Each Disbursement this Period 300.00
	City Washington State DC Zip Code 20005-5918	
	Purpose of Disbursement Campaign Software Candidate Name	001 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) ▼

C.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: D175504 Date of Disbursement MM / DD / YYYY 06 / 03 / 2009
	Mailing Address 1127 11th St Ste 225	Amount of Each Disbursement this Period 318.00
	City Sacramento State CA Zip Code 95814-3809	
	Purpose of Disbursement Committee accounting service Candidate Name	001 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>918.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 18

<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

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

NAME OF COMMITTEE (In Full)  
One Voice

A.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: D175505 Date of Disbursement 06 / 09 / 2009
	Mailing Address 1127 11th St Ste 225 City Sacramento State CA Zip Code 95814-3809 Purpose of Disbursement Committee accounting service Candidate Name	Amount of Each Disbursement this Period 473.07 001 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) ▼		

B.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: D159657 Date of Disbursement 04 / 08 / 2009
	Mailing Address 1127 11th St Ste 225 City Sacramento State CA Zip Code 95814-3809 Purpose of Disbursement Committee accounting service Candidate Name	Amount of Each Disbursement this Period 240.00 001 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) ▼		

C.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: D159658 Date of Disbursement 04 / 13 / 2009
	Mailing Address 1127 11th St Ste 225 City Sacramento State CA Zip Code 95814-3809 Purpose of Disbursement Committee accounting service Candidate Name	Amount of Each Disbursement this Period 378.00 001 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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1091.07
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
One Voice

A.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: D145888 Date of Disbursement
	Mailing Address 1127 11th St Ste 225	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95814-3809	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee accounting service	<input type="text" value="634.80"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

B.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: D9697 Date of Disbursement
	Mailing Address 1127 11th St Ste 225	<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95814-3809	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee accounting service	<input type="text" value="556.00"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

C.	Full Name (Last, First, Middle Initial) Earl L. Plante	Transaction ID: D175508 Date of Disbursement
	Mailing Address 755 Matoza Lane	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City San Leandro State CA Zip Code 94577	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising and travel expenses - subvendors less than \$200	<input type="text" value="1237.02"/>
	Candidate Name	<input type="text" value="003"/> 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2427.82"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
One Voice

<p><b>A.</b> Full Name (Last, First, Middle Initial) The California Building</p> <p>Mailing Address 1736 Franklin St Ste 300</p> <p>City Oakland State CA Zip Code 94612-3451</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D9694</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="624.00"/></p> <p style="text-align: center;"><b>001</b></p> <p>Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address 621 Capitol Mall #110</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D9695</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="165.00"/></p> <p style="text-align: center;"><b>003</b></p> <p>Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address 621 Capitol Mall #110</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D9698</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="30.00"/></p> <p style="text-align: center;"><b>003</b></p> <p>Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="819.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
One Voice

A.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D146034 Date of Disbursement																			
	Mailing Address 621 Capitol Mall #110	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card fee	<table border="1"><tr><td>30.00</td></tr></table>	30.00																		
30.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	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) ▼																			

B.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D157709 Date of Disbursement																			
	Mailing Address 621 Capitol Mall #110	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card fee	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D159891 Date of Disbursement																			
	Mailing Address 621 Capitol Mall #110	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card fee	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	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) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>130.00</td></tr></table>	130.00
130.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
One Voice

A.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: D175502 Date of Disbursement
	Mailing Address 621 Capitol Mall #110	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card fee	<input type="text" value="50.00"/>
	Candidate Name	<input type="text" value="003"/> 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) ▼

B.	Full Name (Last, First, Middle Initial) Barbara Lee	Transaction ID: D165151 Date of Disbursement
	Mailing Address 1736 Franklin St Ste 400	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Oakland State CA Zip Code 94612-3450	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse for travel to event	<input type="text" value="1001.47"/>
	Candidate Name	<input type="text" value="002"/> 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) ▼

C.	Full Name (Last, First, Middle Initial) Nine Zero Hotel	Transaction ID: D165152 Date of Disbursement
	Mailing Address 90 Tremont St.	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Boston State MA Zip Code 02108	Amount of Each Disbursement this Period
	Purpose of Disbursement Hotel charges	<input type="text" value="701.24"/>
	Candidate Name	<input type="text" value="002"/> 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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1051.47"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="8835.36"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
One Voice

A.

Full Name (Last, First, Middle Initial)  
Kendrick Meek for Florida

Mailing Address 111 NW 183rd Street Ste 325

City Miami State FL Zip Code 33169

Purpose of Disbursement  
Contribution

Candidate Name  
Kendrick Meek

Office Sought:  House  
 Senate  
 President  
State: FL District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: D157726

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

5000.00