

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Office and Professional Employees International Union - Voice of the Electorate

ADDRESS (number and street) 1660 L STREET, NW SUITE 801 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00007898 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 03 04 2008 in the State of PA

5. Covering Period 02 14 2008 through 04 02 2008

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 Nancy Wohlforth Signature of Treasurer Electronically Filed by Nancy Wohlforth Date 08 15 2008

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

Table with 7 columns and 1 row for 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  
Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period: From: 

M	M
0	2

D	D
1	4

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
0	2

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		327657.33
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	357092.37									
(c) Total Receipts (from Line 19) .....	58701.70	94186.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	415794.07	421844.07								
7. Total Disbursements (from Line 31) .....	21000.00	27050.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	394794.07	394794.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period: From: 

M	M
0	2

D	D
1	4

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
0	2

Y	Y	Y	Y
2	0	0	8

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	35861.00	279045.75
(i) Itemized (use Schedule A) .....	22636.16	251385.19
(ii) Unitemized .....	58497.16	93873.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	58497.16	93873.09
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.) .....	204.54	313.65
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)) .....	58701.70	94186.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58701.70	94186.74

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	10000.00	12550.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	10000.00	12550.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	11500.00
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.....	1500.00	3000.00
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))..	21000.00	27050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	27050.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	58497.16	93873.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58497.16	93873.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10000.00	12550.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10000.00	12550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) John R Akers	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 712 S HWS Cleveland Blvd	<b>Transaction ID:</b> C126442
	City State Zip Code Elkhorn NE 68022	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Altig, Jr	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 13911 49TH AVENUE CT NW	<b>Transaction ID:</b> C125971
	City State Zip Code GIG HARBOR WA 98332	Amount of Each Receipt this Period 1242.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2070.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICK ALTIG Jr	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 10025 111th AVE NE	<b>Transaction ID:</b> C125859
	City State Zip Code KIRKLAND WA 98033	Amount of Each Receipt this Period 1248.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2790.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31  
(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)  
Office and Professional Employees International Union - Voice of the Electorate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Yaroslav Bitman</p> <p>Mailing Address 223 WATERFORD PARK LN</p> <p>City State Zip Code RALEIGH NC 27615</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Income Life Occupation Insurance Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2008</span></p> <p><b>Transaction ID:</b> C126110</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Gary Bleier</p> <p>Mailing Address 917A WINDFIELD PL</p> <p>City State Zip Code APPLETON WI 54911</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Income Life Occupation Insurance Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2008</span></p> <p><b>Transaction ID:</b> C126520</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Tod Brown</p> <p>Mailing Address 7802 CANFORD ST Apt H</p> <p>City State Zip Code CAMBY IN 46113</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Income Life Occupation Insurance Agent</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 22 / 2008</span></p> <p><b>Transaction ID:</b> C126463</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) David Cohen		Date of Receipt	
	Mailing Address 140 N LAS PALMOS		M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> C125973
	Los Angeles	CA	90004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		450.00	
Name of Employer American Income Life		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Micah A. COHEN		Date of Receipt	
	Mailing Address 140 N LAS PALMAS		M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> C125972
	LOS ANGELES	CA	90004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		450.00	
Name of Employer American Income Life		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) TYRONE ALLEN CONARD		Date of Receipt	
	Mailing Address 15581 ANDOVER HEIGHTS DR		M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> C126005
	WOODBIDGE	VA	22193	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer American Income Life		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 9 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

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

Mailing Address 2624 LAUREL CHERRY ST

City State Zip Code  
RALEIGH NC 27612

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

Name of Employer American Income Life      Occupation Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	8

**Transaction ID:** C125797

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Eddie S Dhillon

Mailing Address 7740 HERITAGE DR #11

City State Zip Code  
Lansing MI 48917

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

Name of Employer American Income Life      Occupation Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	8

**Transaction ID:** C125805

Amount of Each Receipt this Period  
300.00

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

Mailing Address 7712 JEFFERSON PL BLVD APTC

City State Zip Code  
BATON ROUGE LA 70809

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

Name of Employer American Income Life      Occupation Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	8

**Transaction ID:** C125804

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 31

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)  
DESISLAVA DIMITROVA

Mailing Address 2840 S DIAMOND BAR BLVD #48

City State Zip Code  
DIAMOND BAR CA 91765

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C125895

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard M Flores

Mailing Address 15512 ARBUCKLE HTS

City State Zip Code  
EDMOND OK 73013

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

Name of Employer Occupation  
american income life Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C125649

Amount of Each Receipt this Period

300.00

**C.**

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

Mailing Address PO BOX 2500

City State Zip Code  
NAPA CA 94558

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C126695

Amount of Each Receipt this Period

600.00

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 31  
(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)  
Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial) Cindy Furer		Date of Receipt MM / DD / YYYY 02 / 22 / 2008
Mailing Address 374 E Pelican Ct		<b>Transaction ID:</b> C126241
City Fresno	State CA	Zip Code 93720-1254
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**B.**

Full Name (Last, First, Middle Initial) Larry Geneser		Date of Receipt MM / DD / YYYY 02 / 22 / 2008
Mailing Address 13515 S PEBBLEBROOK LN		<b>Transaction ID:</b> C125966
City GREENWOOD	State MO	Zip Code 64034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Eric Giglione		Date of Receipt MM / DD / YYYY 02 / 22 / 2008
Mailing Address 2 CHELSEA AVE		<b>Transaction ID:</b> C126178
City LONG BRANCH	State NJ	Zip Code 07740
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

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

Mailing Address 10001 COORS BLVD BYPASS NW

City State Zip Code  
ALBUQUERQUE NM 87114

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

Name of Employer American Income Life Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2008

**Transaction ID:** C125573

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1837 SQUIRREL VALLEY DR

City State Zip Code  
BLOOMFIELD HILLS MI 48304

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2008

**Transaction ID:** C126051

Amount of Each Receipt this Period  
300.00

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

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 Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2008

**Transaction ID:** C126693

Amount of Each Receipt this Period  
900.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 31  
(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)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Gurney Jr		Date of Receipt MM / DD / YYYY 02 / 22 / 2008		
	Mailing Address 2360 FOREST HILLS DR		<b>Transaction ID:</b> C125659		
	City LAKE ORION	State MI	Zip Code 48359	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life	Occupation Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Frederick Hadayia Jr		Date of Receipt MM / DD / YYYY 02 / 22 / 2008		
	Mailing Address 101 IRON VALLEY DR		<b>Transaction ID:</b> C125865		
	City LEBANON	State PA	Zip Code 17042	Amount of Each Receipt this Period 900.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) John Hancock		Date of Receipt MM / DD / YYYY 02 / 22 / 2008		
	Mailing Address 4127 TIMBER CT		<b>Transaction ID:</b> C126266		
	City INDIANAPOLIS	State IN	Zip Code 46250	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 31
	<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)  
Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Hancock	Date of Receipt
	Mailing Address 12546 WALNUT RIDGE PL	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 0 8
	City State Zip Code FISHERS IN 46038	<b>Transaction ID:</b> C125942
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 900.00
	Name of Employer Occupation AMERICAN INCOME LIFE INS. CO. Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT HARRIS	Date of Receipt
	Mailing Address 1000 CONNECTICUT AVNW#1106	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 0 8
	City State Zip Code WASHINGTON DC 20036	<b>Transaction ID:</b> C125855
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 202.00
	Name of Employer Occupation American Income Life Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 206.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mathew Hart	Date of Receipt
	Mailing Address 54 HIGHRIDGE RD	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 0 8
	City State Zip Code BELLINGHAM MA 02019	<b>Transaction ID:</b> C126438
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 210.00
	Name of Employer Occupation American Income Life Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1312.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

**A.** Full Name (Last, First, Middle Initial)  
Steve Hartman  
 Mailing Address 3417 E NORWOOD CIR  
 City MESA State AZ Zip Code 85213  
 Date of Receipt 02 / 22 / 2008  
 Transaction ID: C126216  
 Amount of Each Receipt this Period 900.00  
 FEC ID number of contributing 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

**B.** Full Name (Last, First, Middle Initial)  
Rob Hay  
 Mailing Address PO Box 208  
 City Waco State TX Zip Code 76703-0208  
 Date of Receipt 02 / 22 / 2008  
 Transaction ID: C126685  
 Amount of Each Receipt this Period 750.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1250.00

**C.** Full Name (Last, First, Middle Initial)  
William Heath  
 Mailing Address 2700 SUGAR MILL DR  
 City EVANSVILLE State IN Zip Code 47715-7694  
 Date of Receipt 02 / 22 / 2008  
 Transaction ID: C125946  
 Amount of Each Receipt this Period 150.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

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

Mailing Address 1235 SNUG HARBOR DR

City State Zip Code  
CASSELBERRY FL 32707

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

Name of Employer American Income Life      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
0	2	/	2	2	/	2	0	0	8

**Transaction ID:** C126734

Amount of Each Receipt this Period  
500.00

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

Mailing Address 350 E LAS COLINAS BLVD #1039

City State Zip Code  
IRVING TX 75039

FEC ID number of 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
0	2	/	2	2	/	2	0	0	8

**Transaction ID:** C126713

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MATTHEW HOGAN

Mailing Address 4278 BRITAIN DR

City State Zip Code  
YORK PA 17402

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

Name of Employer American Income Life      Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	8

**Transaction ID:** C126277

Amount of Each Receipt this Period  
202.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1002.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 31  
(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)  
Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)  
Robert T Hughes

Mailing Address 1429 SENECA PL

City State Zip Code  
CHARLOTTE NC 28209

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 ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2008

Transaction ID: C125628

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES ISIP

Mailing Address 1819 Preuss Rd

City State Zip Code  
Los Angeles CA 90035

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2008

Transaction ID: C126047

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City 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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2008

Transaction ID: C126260

Amount of Each Receipt this Period  
600.00

**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: <span style="float: right;">PAGE 18 / 31</span> (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)  
Office and Professional Employees International Union - Voice of the Electorate

<p><b>A.</b> Full Name (Last, First, Middle Initial) William Jennings</p> <p>Mailing Address 17961 E EUCLID PL</p> <p>City State Zip Code <b>AURORA CO 80016</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer American Income Life      Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>1000.00</b></p>	<p>Date of Receipt MM / DD / YYYY <b>02 / 22 / 2008</b></p> <p><b>Transaction ID: C126042</b></p> <p>Amount of Each Receipt this Period <b>600.00</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) HORACE JOHNSON</p> <p>Mailing Address 12435 BLACK WATER CT</p> <p>City State Zip Code <b>JACKSONVILLE FL 32223</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer American Income Life      Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>203.00</b></p>	<p>Date of Receipt MM / DD / YYYY <b>02 / 22 / 2008</b></p> <p><b>Transaction ID: C126298</b></p> <p>Amount of Each Receipt this Period <b>201.00</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) STEVEN KING</p> <p>Mailing Address 24324 LYNWOOD DR</p> <p>City State Zip Code <b>NOVI MI 48374</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer American Income Life      Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>500.00</b></p>	<p>Date of Receipt MM / DD / YYYY <b>02 / 22 / 2008</b></p> <p><b>Transaction ID: C126131</b></p> <p>Amount of Each Receipt this Period <b>300.00</b></p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>1101.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p> </p>

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

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

FOR LINE NUMBER: PAGE 19 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

**A.** Full Name (Last, First, Middle Initial)  
Adam Kiss

Mailing Address 89 HIGHLAND AVE

City EASTCHESTER State NY Zip Code 10709

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 ▼ 250.00

Date of Receipt 02 / 22 / 2008  
**Transaction ID: C126509**  
 Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Q Lafond

Mailing Address 5300 PARK VIEW DR #2014

City LAKE OSWEGO State OR Zip Code 97035

FEC ID number of 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 02 / 22 / 2008  
**Transaction ID: C126480**  
 Amount of Each Receipt this Period 60.00

**C.** Full Name (Last, First, Middle Initial)  
SCOTT LATTA

Mailing Address 5603 W 125TH ST

City OVERLAND PARK State KS Zip Code 66209

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2008  
**Transaction ID: C126368**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 510.00

**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 20 / 31  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial) Patricia G Lee		Date of Receipt MM / DD / YYYY 02 / 22 / 2008
Mailing Address 6809 JAKE BARNES CT		<b>Transaction ID:</b> C125800
City JOHNSTON	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer American Income Life	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Joe Manone		Date of Receipt MM / DD / YYYY 02 / 22 / 2008
Mailing Address N89 W15883 MAIN ST Suite 101		<b>Transaction ID:</b> C126539
City MENOMONEE FALLS	State WI	Zip Code 53051
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**C.**

Full Name (Last, First, Middle Initial) Richard Mansfield		Date of Receipt MM / DD / YYYY 02 / 22 / 2008
Mailing Address 11230 W MEADOWRIVER DR		<b>Transaction ID:</b> C126940
City STAR	State ID	Zip Code 83669
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1440.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 31  
(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)  
Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial) John McCreary		Date of Receipt MM / DD / YYYY 02 / 22 / 2008	
Mailing Address 4747 MARINA DR #5		Transaction ID: C126320	
City CARLSBAD	State CA	Zip Code 92008	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

**B.**

Full Name (Last, First, Middle Initial) Carla Miller		Date of Receipt MM / DD / YYYY 02 / 22 / 2008	
Mailing Address PO Box 208		Transaction ID: C126733	
City Waco	State TX	Zip Code 76703-0208	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

**C.**

Full Name (Last, First, Middle Initial) Joseph K Moore		Date of Receipt MM / DD / YYYY 02 / 22 / 2008	
Mailing Address 3442 DELLE FIELD		Transaction ID: C125719	
City NEWPORT RICHEY	State FL	Zip Code 34655	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

FOR LINE NUMBER: PAGE 22 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

**A.** Full Name (Last, First, Middle Initial)  
Marc Morton

Mailing Address 2476 POWELL AVE

City State Zip Code  
COLUMBUS OH 43209

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

**Transaction ID:** C126136

Amount of Each Receipt this Period  
1200.00

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

Mailing Address 209 Lambeth Ln

City State Zip Code  
Saint Louis MO 63125

FEC ID number of 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  
0 2 / 2 2 / 2 0 0 8

**Transaction ID:** C126094

Amount of Each Receipt this Period  
900.00

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

Mailing Address 18106 PRESTONSHIRE

City State Zip Code  
SAN ANTONIO TX 78258

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 308.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

**Transaction ID:** C126091

Amount of Each Receipt this Period  
300.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 31

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

DURHON RENAH R OLDHAM

Mailing Address 1995 HARRIS RD

City State Zip Code  
PENFIELD NY 14526

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C126070

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT OLSON, Jr

Mailing Address 26561 W HGHLAND DR

City State Zip Code  
CHANNAHON IL 60410

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 ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C126154

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

DONALD Orban II

Mailing Address 3759 CHANCE CT

City State Zip Code  
GULF BREEZE FL 32563

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

Name of Employer Occupation  
American Income Life Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C125729

Amount of Each Receipt this Period

300.00

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

2700.00

**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 24 / 31  
(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)  
Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)  
Gleb Ostrovsky

Mailing Address 110 GREENRIDGE DR

City State Zip Code  
MADISON MS 39110

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

Name of Employer American Income Life 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  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C125898

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C125828

Amount of Each Receipt this Period  
900.00

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C125724

Amount of Each Receipt this Period  
1200.00

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

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



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

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

FOR LINE NUMBER: PAGE 25 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey R Rusich  
Mailing Address 239 Sunset Ave  
City Hercules State CA Zip Code 94547  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation ROC Representative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 27 / 2008  
Transaction ID: C127147  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Imran Satti  
Mailing Address PO Box 208  
City Waco State TX Zip Code 76703-0208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 02 / 22 / 2008  
Transaction ID: C125843  
Amount of Each Receipt this Period 900.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Sonnenberg  
Mailing Address 2321 HENNEPIN DR  
City SAINT LOUIS State MO Zip Code 63114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer american income life Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 224.00  
Date of Receipt 02 / 22 / 2008  
Transaction ID: C125783  
Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1408.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 31

(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)  
Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

James Surace

Mailing Address PO BOX 33160

City State Zip Code  
NORTH ROYALTON OH 44133

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C126697

Amount of Each Receipt this Period

1248.00

**B.**

Full Name (Last, First, Middle Initial)

RODNEY 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 Occupation  
American Income Life 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  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C126055

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Gary D Williams

Mailing Address 531 STILLWATER DR NW

City State Zip Code  
MARIETTA GA 30064

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

Name of Employer Occupation  
American Income Life Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C125765

Amount of Each Receipt this Period

300.00

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

1848.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 31

(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)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)

Thomas Williams

Mailing Address 10246 SW 22nd PL

City State Zip Code  
DAVIE FL 33324

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C125871

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

David Zophin

Mailing Address 101 GROUSE HILL RD

City State Zip Code  
GLASTONBURY CT 06033

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

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: C125863

Amount of Each Receipt this Period

1200.00

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

2400.00

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

35861.00

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

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

FOR LINE NUMBER: PAGE 28 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.**

Full Name (Last, First, Middle Initial)  
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: 2008  
 Primary  General  
 Other (specify) ▼  
○

Aggregate Year-to-Date ▼  
313.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C129470

Amount of Each Receipt this Period

100.10

**B.**

Full Name (Last, First, Middle Initial)  
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: 2008  
 Primary  General  
 Other (specify) ▼  
○

Aggregate Year-to-Date ▼  
313.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: C129477

Amount of Each Receipt this Period

104.44

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

204.54

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

204.54

**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 29 / 31

<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)  
Office and Professional Employees International Union - Voice of the Electorate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andre Carson</p> <p>Mailing Address 2527 N. Alabama Street</p> <p>City Indianapolis State IN Zip Code 46205</p> <p>Purpose of Disbursement IN - 7th District</p> <p>Candidate Name Andre Carson</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: O</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D307 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Indiana Democratic Congressional Victory Comm.</p> <p>Mailing Address One N. Capital Avenue, Ste. 200</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Indiana Democratic Congressional Victory Comm.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: O</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D302 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

10000.00

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

10000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Hillary Clinton for President  Mailing Address P.O. Box 1781  City Merrifield State VA Zip Code 22116  Purpose of Disbursement Presidential Candidate Candidate Name Hillary Clinton Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D311 Date of Disbursement 02 / 28 / 2008  Amount of Each Disbursement this Period 4000.00  011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Hillary Clinton for President  Mailing Address P.O. Box 1781  City Merrifield State VA Zip Code 22116  Purpose of Disbursement Presidential Candidate Candidate Name Hillary Clinton Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D312 Date of Disbursement 02 / 29 / 2008  Amount of Each Disbursement this Period 5000.00  011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Mark Shauer  Mailing Address P.O. Box 100  City Battle Creek State MI Zip Code 49016  Purpose of Disbursement MI- 7th Congressional Seat Candidate Name Mark Shauer Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: O	Transaction ID: D315 Date of Disbursement 03 / 28 / 2008  Amount of Each Disbursement this Period 500.00  010 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	9500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Clint Hall Fund	Transaction ID: D313 Date of Disbursement																				
	Mailing Address 238 Browder Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	1		2	0	0	8													
	City Springtown State TX Zip Code 76082	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Parker County Pct. 1 Commissioner	<table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																		
500.00																						
	Candidate Name Clint Hall	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>		011	Category/Type																	
011																						
Category/Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																					
B.	Full Name (Last, First, Middle Initial) San Diego-Imperial Counties Labour Counties COPE Fund	Transaction ID: D314 Date of Disbursement																				
	Mailing Address 3717 Camino Del Rio South	<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>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	7		2	0	0	8													
	City San Diego State CA Zip Code 92108	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Local Endorsements	<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																		
1000.00																						
	Candidate Name San Diego-Imperial Counties Labour Counties COPE Fund	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>		011	Category/Type																	
011																						
Category/Type																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																					

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

1500.00

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

1500.00