

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

ADDRESS (number and street) 80 Eighth Avenue, Suite 610

Check if different than previously reported. (ACC) New York NY 10011

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00007898

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2016 through 01 / 31 / 2016

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

Type or Print Name of Treasurer Ms. Mary Mahoney

Signature of Treasurer Ms. Mary Mahoney [Electronically Filed] Date 02 / 02 / 2016

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

Office Use Only									
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**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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="16528.82"/>	<input type="text" value="16528.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16528.82"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="79735.98"/>	<input type="text" value="79735.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="96264.80"/>	<input type="text" value="96264.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3039.95"/>	<input type="text" value="3039.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="93224.85"/>	<input type="text" value="93224.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Report Covering the Period: From: 01 / 01 / 2016 To: 01 / 31 / 2016

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).....	25354.00	25354.00
(ii) Unitemized	54344.01	54344.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	79698.01	79698.01
(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)	79698.01	79698.01
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.).....	37.97	37.97
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	79735.98	79735.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	79735.98	79735.98

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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	1039.95	1039.95
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3039.95	3039.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3039.95	3039.95

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	79698.01	79698.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79698.01	79698.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Richard JR Altig JR		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7058570
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

Full Name (Last, First, Middle Initial) B. Richard JR Altig JR		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7058571
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

Full Name (Last, First, Middle Initial) C. Richard JR Altig JR		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7058572
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

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

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

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

FOR LINE NUMBER: PAGE 7 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. SIMON A ARIAS

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 22 / 2016
Transaction ID : C7058931

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. SIMON A ARIAS

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 22 / 2016
Transaction ID : C7058932

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. SIMON A ARIAS

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 22 / 2016
Transaction ID : C7058933

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. JAMES BAILEY		Date of Receipt
Mailing Address 10907 CORONA LN		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
HOUSTON	TX	77072
FEC ID number of contributing federal political committee.		Transaction ID : C7063578
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JAMES BAILEY		Date of Receipt
Mailing Address 10907 CORONA LN		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
HOUSTON	TX	77072
FEC ID number of contributing federal political committee.		Transaction ID : C7063579
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JAMES BAILEY		Date of Receipt
Mailing Address 10907 CORONA LN		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
HOUSTON	TX	77072
FEC ID number of contributing federal political committee.		Transaction ID : C7063580
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 9 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. BONNIE BERQUALHYDE
Full Name (Last, First, Middle Initial)
Mailing Address 106 PLK 25 W
City HATFIELD State AR Zip Code 71945
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7065490
Amount of Each Receipt this Period
112.00

B. BONNIE BERQUALHYDE
Full Name (Last, First, Middle Initial)
Mailing Address 106 PLK 25 W
City HATFIELD State AR Zip Code 71945
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7065491
Amount of Each Receipt this Period
112.00

C. BONNIE BERQUALHYDE
Full Name (Last, First, Middle Initial)
Mailing Address 106 PLK 25 W
City HATFIELD State AR Zip Code 71945
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7065492
Amount of Each Receipt this Period
112.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 336.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Yaroslav Bitman		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7057965
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Yaroslav Bitman		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7057966
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Yaroslav Bitman		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7057967
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JASON BRATIN
Full Name (Last, First, Middle Initial)

Mailing Address 1199 AMBER LN

City HARRISBURG State PA Zip Code 17111

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

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059899

Amount of Each Receipt this Period
 100.00

B. JASON BRATIN
Full Name (Last, First, Middle Initial)

Mailing Address 1199 AMBER LN

City HARRISBURG State PA Zip Code 17111

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

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059903

Amount of Each Receipt this Period
 100.00

C. JASON BRATIN
Full Name (Last, First, Middle Initial)

Mailing Address 1199 AMBER LN

City HARRISBURG State PA Zip Code 17111

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

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059904

Amount of Each Receipt this Period
 100.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DORIAN P BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 15TH ST NW
 City WINTER HAVEN State FL Zip Code 33881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059212
 Amount of Each Receipt this Period
 100.00

B. DORIAN P BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 15TH ST NW
 City WINTER HAVEN State FL Zip Code 33881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059213
 Amount of Each Receipt this Period
 100.00

C. DORIAN P BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 15TH ST NW
 City WINTER HAVEN State FL Zip Code 33881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059214
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JOSE A CARVAJAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1818 ROGERS RD #1238
 City SAN ANTONIO State TX Zip Code 78251
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 01 / 22 / 2016
 Transaction ID : C7059924
 Amount of Each Receipt this Period 100.00

B. JOSE A CARVAJAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1818 ROGERS RD #1238
 City SAN ANTONIO State TX Zip Code 78251
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 01 / 22 / 2016
 Transaction ID : C7059925
 Amount of Each Receipt this Period 100.00

C. JOSE A CARVAJAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1818 ROGERS RD #1238
 City SAN ANTONIO State TX Zip Code 78251
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 01 / 22 / 2016
 Transaction ID : C7059926
 Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. SAMANTHA X CHUI		Date of Receipt
Mailing Address 2327 TALLAPOOSA DR		M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
City	State	Zip Code
DULUTH	GA	30097
FEC ID number of contributing federal political committee.		Transaction ID : C7058678
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) B. SAMANTHA X CHUI		Date of Receipt
Mailing Address 2327 TALLAPOOSA DR		M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
City	State	Zip Code
DULUTH	GA	30097
FEC ID number of contributing federal political committee.		Transaction ID : C7058679
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) C. SAMANTHA X CHUI		Date of Receipt
Mailing Address 2327 TALLAPOOSA DR		M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
City	State	Zip Code
DULUTH	GA	30097
FEC ID number of contributing federal political committee.		Transaction ID : C7058680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JARED CLECKNER
Full Name (Last, First, Middle Initial)
Mailing Address 14220 W 123RD TER
City OLATHE State KS Zip Code 66062
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7059225
Amount of Each Receipt this Period
100.00

B. JARED CLECKNER
Full Name (Last, First, Middle Initial)
Mailing Address 14220 W 123RD TER
City OLATHE State KS Zip Code 66062
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7059226
Amount of Each Receipt this Period
100.00

C. JARED CLECKNER
Full Name (Last, First, Middle Initial)
Mailing Address 14220 W 123RD TER
City OLATHE State KS Zip Code 66062
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7059227
Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 65
<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Eric L Cochran		Date of Receipt
Mailing Address 1301 Se Princeton PI		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City Lees Summit State MO Zip Code 64081		Transaction ID : C7058546
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Eric L Cochran		Date of Receipt
Mailing Address 1301 Se Princeton PI		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City Lees Summit State MO Zip Code 64081		Transaction ID : C7058547
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Eric L Cochran		Date of Receipt
Mailing Address 1301 Se Princeton PI		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City Lees Summit State MO Zip Code 64081		Transaction ID : C7058548
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058173

Amount of Each Receipt this Period
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058174

Amount of Each Receipt this Period
150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058175

Amount of Each Receipt this Period
150.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 5700 Wilshire Blvd Ste 480

City State Zip Code
 Los Angeles CA 90036

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 01 / 22 / 2016
Transaction ID : C7058557

Amount of Each Receipt this Period
 150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City State Zip Code
 Los Angeles CA 90036

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 01 / 22 / 2016
Transaction ID : C7058558

Amount of Each Receipt this Period
 150.00

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

Mailing Address 5700 Wilshire Blvd Ste 480

City State Zip Code
 Los Angeles CA 90036

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 01 / 22 / 2016
Transaction ID : C7058559

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. RANDALL D COOK
Full Name (Last, First, Middle Initial)
Mailing Address 12224 SUTTERS HILL CT
City CHARLOTTE State NC Zip Code 28269
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Insurance Occupation Information Requested
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7062675
Amount of Each Receipt this Period 100.00

B. RANDALL D COOK
Full Name (Last, First, Middle Initial)
Mailing Address 12224 SUTTERS HILL CT
City CHARLOTTE State NC Zip Code 28269
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Insurance Occupation Information Requested
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7062676
Amount of Each Receipt this Period 100.00

C. RANDALL D COOK
Full Name (Last, First, Middle Initial)
Mailing Address 12224 SUTTERS HILL CT
City CHARLOTTE State NC Zip Code 28269
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Insurance Occupation Information Requested
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7062677
Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. NIGEL A CROWE
Full Name (Last, First, Middle Initial)

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : C7058917

Amount of Each Receipt this Period

B. NIGEL A CROWE
Full Name (Last, First, Middle Initial)

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : C7058918

Amount of Each Receipt this Period

C. NIGEL A CROWE
Full Name (Last, First, Middle Initial)

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : C7058919

Amount of Each Receipt this Period

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058588

Amount of Each Receipt this Period
 100.00

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

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058589

Amount of Each Receipt this Period
 100.00

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

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058590

Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JOSEPH DIECEDUE
Full Name (Last, First, Middle Initial)

Mailing Address 5757 CORPORATE BLVD STE 104

City BATON ROUGE	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2016

Transaction ID : C7059170

Amount of Each Receipt this Period

100.00

B. JOSEPH DIECEDUE
Full Name (Last, First, Middle Initial)

Mailing Address 5757 CORPORATE BLVD STE 104

City BATON ROUGE	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2016

Transaction ID : C7059171

Amount of Each Receipt this Period

100.00

C. JOSEPH DIECEDUE
Full Name (Last, First, Middle Initial)

Mailing Address 5757 CORPORATE BLVD STE 104

City BATON ROUGE	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2016

Transaction ID : C7059172

Amount of Each Receipt this Period

100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. DESI DIMITROVA			Date of Receipt
Mailing Address 2286 SLOAN DR			<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code	Transaction ID : C7058886
LA VERNE	CA	91750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Insurance	Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. DESI DIMITROVA			Date of Receipt
Mailing Address 2286 SLOAN DR			<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code	Transaction ID : C7058887
LA VERNE	CA	91750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Insurance	Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DESI DIMITROVA			Date of Receipt
Mailing Address 2286 SLOAN DR			<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code	Transaction ID : C7058888
LA VERNE	CA	91750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Income Life Insurance	Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. MITCHELL L DUPLANTIS		Date of Receipt
Mailing Address 8 COACHMAN COURT		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City State Zip Code WILMINGTON DE 19803		Transaction ID : C7060208
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. MITCHELL L DUPLANTIS		Date of Receipt
Mailing Address 8 COACHMAN COURT		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City State Zip Code WILMINGTON DE 19803		Transaction ID : C7060209
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. MITCHELL L DUPLANTIS		Date of Receipt
Mailing Address 8 COACHMAN COURT		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City State Zip Code WILMINGTON DE 19803		Transaction ID : C7060210
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. RICHARD J DYER
Full Name (Last, First, Middle Initial)

Mailing Address 125 N WALNUT AVE #7

City MANTECA	State CA	Zip Code 95337
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7061307

Amount of Each Receipt this Period
 100.00

B. RICHARD J DYER
Full Name (Last, First, Middle Initial)

Mailing Address 125 N WALNUT AVE #7

City MANTECA	State CA	Zip Code 95337
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7061308

Amount of Each Receipt this Period
 100.00

C. RICHARD J DYER
Full Name (Last, First, Middle Initial)

Mailing Address 125 N WALNUT AVE #7

City MANTECA	State CA	Zip Code 95337
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7061311

Amount of Each Receipt this Period
 100.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DONALD FOTI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2500
 City NAPA State CA Zip Code 94558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7060560
 Amount of Each Receipt this Period
 200.00

B. DONALD FOTI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2500
 City NAPA State CA Zip Code 94558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7060561
 Amount of Each Receipt this Period
 200.00

C. DONALD FOTI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2500
 City NAPA State CA Zip Code 94558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7060562
 Amount of Each Receipt this Period
 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Susan Fuldauer		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7057957
Mailing Address 7229 Kingman Cir		Amount of Each Receipt this Period 300.00
City Indianapolis	State IN	Zip Code 46256
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. ROGER X FUNG		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7064310
Mailing Address 7121 SHELTER CREEK LN		Amount of Each Receipt this Period 100.00
City SAN BRUNO	State CA	Zip Code 94066
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Insurance	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. ROGER X FUNG		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7064311
Mailing Address 7121 SHELTER CREEK LN		Amount of Each Receipt this Period 100.00
City SAN BRUNO	State CA	Zip Code 94066
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Insurance	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. ROGER X FUNG

Mailing Address 7121 SHELTER CREEK LN

City SAN BRUNO	State CA	Zip Code 94066
-------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : C7064312

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. CINDY FURER

Mailing Address 10771 SANTA TOMASA AVE

City SAN DIEGO	State CA	Zip Code 92127
-------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : C7061188

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. CINDY FURER

Mailing Address 10771 SANTA TOMASA AVE

City SAN DIEGO	State CA	Zip Code 92127
-------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : C7061189

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. CINDY FURER

Mailing Address 10771 SANTA TOMASA AVE

City State Zip Code
SAN DIEGO CA 92127

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

Name of Employer Occupation
American Income Life Insurance Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7061190

Amount of Each Receipt this Period
150.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City State Zip Code
EATONTOWN NJ 07724

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

Name of Employer Occupation
American Income Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7066703

Amount of Each Receipt this Period
400.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City State Zip Code
EATONTOWN NJ 07724

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

Name of Employer Occupation
American Income Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7066704

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City State Zip Code
EATONTOWN NJ 07724

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

Name of Employer Occupation
American Income Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7066705

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Steven K Greer

Mailing Address 43 Nocturne Woods PI

City State Zip Code
The Woodlands TX 77382

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

Name of Employer Occupation
AMERICAN INCOME LIFE INSURANCE Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058137

Amount of Each Receipt this Period
300.00

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

Mailing Address 43 Nocturne Woods PI

City State Zip Code
The Woodlands TX 77382

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

Name of Employer Occupation
AMERICAN INCOME LIFE INSURANCE Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058138

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. Steven K Greer
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Nocturne Woods Pl
 City The Woodlands State TX Zip Code 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt
 01 / 22 / 2016
Transaction ID : C7058139
 Amount of Each Receipt this Period
300.00

B. Mark Hancock
 Full Name (Last, First, Middle Initial)
 Mailing Address 12546 Walnut Ridge Pl
 City Fishers State IN Zip Code 46038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 01 / 22 / 2016
Transaction ID : C7057933
 Amount of Each Receipt this Period
100.00

C. Mark Hancock
 Full Name (Last, First, Middle Initial)
 Mailing Address 12546 Walnut Ridge Pl
 City Fishers State IN Zip Code 46038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 01 / 22 / 2016
Transaction ID : C7057934
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Mark Hancock		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
Fishers	IN	46038
FEC ID number of contributing federal political committee.		Transaction ID : C7057935
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
AMERICAN INCOME LIFE INS. CO.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MATHEW R HART		Date of Receipt
Mailing Address 8843 W RANCH RD		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
TRACY	CA	95376
FEC ID number of contributing federal political committee.		Transaction ID : C7059614
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MATHEW R HART		Date of Receipt
Mailing Address 8843 W RANCH RD		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
TRACY	CA	95376
FEC ID number of contributing federal political committee.		Transaction ID : C7059615
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. MATHEW R HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 8843 W RANCH RD
 City TRACY State CA Zip Code 95376
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059616
 Amount of Each Receipt this Period
 100.00

B. ZACHARY T HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 WESTRIDGE DR
 City ROCHESTER HILLS State MI Zip Code 48306
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7060816
 Amount of Each Receipt this Period
 300.00

C. ZACHARY T HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 WESTRIDGE DR
 City ROCHESTER HILLS State MI Zip Code 48306
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7060817
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. ZACHARY T HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 WESTRIDGE DR
 City ROCHESTER HILLS State MI Zip Code 48306
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7060818
 Amount of Each Receipt this Period 300.00

B. DAVID HAUSMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 RIDGEVIEW CT
 City RINGOES State NJ Zip Code 08551
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7066717
 Amount of Each Receipt this Period 100.00

C. DAVID HAUSMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 RIDGEVIEW CT
 City RINGOES State NJ Zip Code 08551
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7066718
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DAVID HAUSMAN
Full Name (Last, First, Middle Initial)
Mailing Address 12 RIDGEVIEW CT
City RINGOES State NJ Zip Code 08551
FEC ID number of contributing federal political committee. C
Name of Employer American Income Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7066719
Amount of Each Receipt this Period 100.00

B. ROB HAY
Full Name (Last, First, Middle Initial)
Mailing Address 15440 BEL-RED RD
City REDMOND State WA Zip Code 98052
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Insurance Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7061045
Amount of Each Receipt this Period 250.00

C. ROB HAY
Full Name (Last, First, Middle Initial)
Mailing Address 15440 BEL-RED RD
City REDMOND State WA Zip Code 98052
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Insurance Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7061046
Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. ROB HAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15440 BEL-RED RD
 City REDMOND State WA Zip Code 98052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7061047
 Amount of Each Receipt this Period
 250.00

B. Matt M Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1235 Snug Harbor Dr
 City Casselberry State FL Zip Code 32707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058564
 Amount of Each Receipt this Period
 250.00

C. Matt M Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1235 Snug Harbor Dr
 City Casselberry State FL Zip Code 32707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058565
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 37 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 1235 Snug Harbor Dr

City State Zip Code
 Casselberry FL 32707

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

Name of Employer Occupation
 American Income Life Ins. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 01 / 22 / 2016
Transaction ID : C7058566

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. CHRISTOPHER HERNANDEZ

Mailing Address 2840 N PROSPECT AVE

City State Zip Code
 MILWAUKEE WI 53211

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

Name of Employer Occupation
 American Income Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 22 / 2016
Transaction ID : C7059805

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER HERNANDEZ

Mailing Address 2840 N PROSPECT AVE

City State Zip Code
 MILWAUKEE WI 53211

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

Name of Employer Occupation
 American Income Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 22 / 2016
Transaction ID : C7059806

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. CHRISTOPHER HERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2840 N PROSPECT AVE
 City MILWAUKEE State WI Zip Code 53211
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7059807
 Amount of Each Receipt this Period 100.00

B. KYLE T JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1945 THE EXCHANGE SE STE 110
 City ATLANTA State GA Zip Code 30339
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7062767
 Amount of Each Receipt this Period 52.00

C. KYLE T JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1945 THE EXCHANGE SE STE 110
 City ATLANTA State GA Zip Code 30339
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7062768
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	252.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. KYLE T JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 1945 THE EXCHANGE SE STE 110

City ATLANTA	State GA	Zip Code 30339
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7062769

Amount of Each Receipt this Period
 100.00

B. STEPHEN J JUBREY
Full Name (Last, First, Middle Initial)

Mailing Address 1440 CARROLLTON PRKWY #32207

City CARROLLTON	State TX	Zip Code 75010
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059280

Amount of Each Receipt this Period
 100.00

C. STEPHEN J JUBREY
Full Name (Last, First, Middle Initial)

Mailing Address 1440 CARROLLTON PRKWY #32207

City CARROLLTON	State TX	Zip Code 75010
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059281

Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. STEPHEN J JUBREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1440 CARROLLTON PRKWY #32207
 City CARROLLTON State TX Zip Code 75010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059282
 Amount of Each Receipt this Period
 100.00

B. SABRINA N LLOYD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 LONGMEADOW DR
 City BARRINGTON HILLS State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058901
 Amount of Each Receipt this Period
 100.00

C. SABRINA N LLOYD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 LONGMEADOW DR
 City BARRINGTON HILLS State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058902
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. SABRINA N LLOYD
Full Name (Last, First, Middle Initial)

Mailing Address 9 LONGMEADOW DR

City BARRINGTON HILLS State IL Zip Code 60010

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7058903

Amount of Each Receipt this Period 100.00

B. CHRIS A LUSSIER
Full Name (Last, First, Middle Initial)

Mailing Address 171 HILLHAVEN LN

City FRANKLIN State TN Zip Code 37064

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

Name of Employer American Income Life Insurance Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7062885

Amount of Each Receipt this Period 100.00

C. CHRIS A LUSSIER
Full Name (Last, First, Middle Initial)

Mailing Address 171 HILLHAVEN LN

City FRANKLIN State TN Zip Code 37064

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

Name of Employer American Income Life Insurance Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7062886

Amount of Each Receipt this Period 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. CHRIS A LUSSIER

Mailing Address 171 HILLHAVEN LN

City State Zip Code
FRANKLIN TN 37064

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

Name of Employer Occupation
American Income Life Insurance Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7062887

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. MICHAEL L MANDELLA

Mailing Address 5212 LANE PARKE COURT

City State Zip Code
MOUNTAIN BROOKI AL 35224

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

Name of Employer Occupation
American Income Life Insurance Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7062877

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. MICHAEL L MANDELLA

Mailing Address 5212 LANE PARKE COURT

City State Zip Code
MOUNTAIN BROOKI AL 35224

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

Name of Employer Occupation
American Income Life Insurance Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7062878

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. MICHAEL L MANDELLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5212 LANE PARKE COURT
 City MOUNTAIN BROOKI State AL Zip Code 35224
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Insurance Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7062879
 Amount of Each Receipt this Period 100.00

B. Tim R McAdams
 Full Name (Last, First, Middle Initial)
 Mailing Address 3645 Marketplace Blvd #130-298
 City East Point State GA Zip Code 30344
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7058191
 Amount of Each Receipt this Period 100.00

C. Tim R McAdams
 Full Name (Last, First, Middle Initial)
 Mailing Address 3645 Marketplace Blvd #130-298
 City East Point State GA Zip Code 30344
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7058192
 Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 3645 Marketplace Blvd #130-298

City East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058193

Amount of Each Receipt this Period
100.00

B. TRAVIS P MOODY
Full Name (Last, First, Middle Initial)

Mailing Address 14417 SPRING DR

City PROSPECT	State KY	Zip Code 40059
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059682

Amount of Each Receipt this Period
100.00

C. TRAVIS P MOODY
Full Name (Last, First, Middle Initial)

Mailing Address 14417 SPRING DR

City PROSPECT	State KY	Zip Code 40059
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059683

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. TRAVIS P MOODY
Full Name (Last, First, Middle Initial)
Mailing Address 14417 SPRING DR
City PROSPECT State KY Zip Code 40059
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7059684
Amount of Each Receipt this Period
100.00

B. WILLIAM MYATT
Full Name (Last, First, Middle Initial)
Mailing Address 3016 NORTH IRONWOOD AVE
City BROKEN ARROW State OK Zip Code 74012
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Insurance Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7060898
Amount of Each Receipt this Period
100.00

C. WILLIAM MYATT
Full Name (Last, First, Middle Initial)
Mailing Address 3016 NORTH IRONWOOD AVE
City BROKEN ARROW State OK Zip Code 74012
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Insurance Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7060899
Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. WILLIAM MYATT

Mailing Address 3016 NORTH IRONWOOD AVE

City BROKEN ARROW	State OK	Zip Code 74012
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7060900

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. COREY A NEFF

Mailing Address 2728 PORT OF CALL DR

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059733

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. COREY A NEFF

Mailing Address 2728 PORT OF CALL DR

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059734

Amount of Each Receipt this Period
100.00

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

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

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

FOR LINE NUMBER: PAGE 47 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. COREY A NEFF

Mailing Address 2728 PORT OF CALL DR

City LAS VEGAS State NV Zip Code 89128

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 22 / 2016
Transaction ID : C7059738

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. DORIAN S OLDHAM

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY State MO Zip Code 64116

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 22 / 2016
Transaction ID : C7058849

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. DORIAN S OLDHAM

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY State MO Zip Code 64116

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

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 22 / 2016
Transaction ID : C7058850

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DORIAN S OLDHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3831 N MULBERRY DR #3403
 City KANSAS CITY State MO Zip Code 64116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058851
 Amount of Each Receipt this Period
 100.00

B. Durhon Oldham
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 208
 City Waco State TX Zip Code 76703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058609
 Amount of Each Receipt this Period
 800.00

C. THOMAS W OLDHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 SPRUCE PINE CT
 City RIVERSIDE State OH Zip Code 45424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Income Life Insurance Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058735
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 49 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. ROBERT OLSON JR
Full Name (Last, First, Middle Initial)
Mailing Address 26561 W HIGHLAND DR
City CHANNAHON State IL Zip Code 60410
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7058824
Amount of Each Receipt this Period 400.00

B. ROBERT OLSON JR
Full Name (Last, First, Middle Initial)
Mailing Address 26561 W HIGHLAND DR
City CHANNAHON State IL Zip Code 60410
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7058825
Amount of Each Receipt this Period 400.00

C. ROBERT OLSON JR
Full Name (Last, First, Middle Initial)
Mailing Address 26561 W HIGHLAND DR
City CHANNAHON State IL Zip Code 60410
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7058826
Amount of Each Receipt this Period 400.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. CHAD T PANZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 EAGLE POINT
 City COLUMBIA State SC Zip Code 29229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059315
 Amount of Each Receipt this Period
 100.00

B. CHAD T PANZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 EAGLE POINT
 City COLUMBIA State SC Zip Code 29229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059316
 Amount of Each Receipt this Period
 100.00

C. CHAD T PANZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 EAGLE POINT
 City COLUMBIA State SC Zip Code 29229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059317
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. FRANCISCO PEREZ
Full Name (Last, First, Middle Initial)

Mailing Address 1 LEE AVE

City NORTH PROVIDENCE State RI Zip Code 02904

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

Name of Employer American Income Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7067287

Amount of Each Receipt this Period
 100.00

B. FRANCISCO PEREZ
Full Name (Last, First, Middle Initial)

Mailing Address 1 LEE AVE

City NORTH PROVIDENCE State RI Zip Code 02904

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

Name of Employer American Income Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7067288

Amount of Each Receipt this Period
 100.00

C. FRANCISCO PEREZ
Full Name (Last, First, Middle Initial)

Mailing Address 1 LEE AVE

City NORTH PROVIDENCE State RI Zip Code 02904

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

Name of Employer American Income Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7067289

Amount of Each Receipt this Period
 100.00

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

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

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

FOR LINE NUMBER: PAGE 52 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 107 WEBSTER PARK RD
City SOUTHINGTON State CT Zip Code 06489
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7065516
Amount of Each Receipt this Period
100.00

B. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 107 WEBSTER PARK RD
City SOUTHINGTON State CT Zip Code 06489
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7065517
Amount of Each Receipt this Period
100.00

C. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 107 WEBSTER PARK RD
City SOUTHINGTON State CT Zip Code 06489
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7065518
Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Scott J Rehberg			Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7058537
Mailing Address 1153 Thistle Ln			Amount of Each Receipt this Period 80.00
City Lebanon	State OH	Zip Code 45036	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 240.00
Name of Employer American Income Life Ins.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Scott J Rehberg			Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7058538
Mailing Address 1153 Thistle Ln			Amount of Each Receipt this Period 80.00
City Lebanon	State OH	Zip Code 45036	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 240.00
Name of Employer American Income Life Ins.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Scott J Rehberg			Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7058539
Mailing Address 1153 Thistle Ln			Amount of Each Receipt this Period 80.00
City Lebanon	State OH	Zip Code 45036	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 240.00
Name of Employer American Income Life Ins.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Edward D Rubio		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7058597
Mailing Address 15508 Sugar Loaf Dr		Amount of Each Receipt this Period 100.00
City Edmond	State OK	Zip Code 73013
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Edward D Rubio		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7058601
Mailing Address 15508 Sugar Loaf Dr		Amount of Each Receipt this Period 100.00
City Edmond	State OK	Zip Code 73013
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Edward D Rubio		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : C7058602
Mailing Address 15508 Sugar Loaf Dr		Amount of Each Receipt this Period 100.00
City Edmond	State OK	Zip Code 73013
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Beth E Snow		Date of Receipt 01 / 22 / 2016 Transaction ID : C7058541
Mailing Address 4313 Whitehoof Way		Amount of Each Receipt this Period 80.00
City Antioch State CA Zip Code 94531	FEC ID number of contributing federal political committee. C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Beth E Snow		Date of Receipt 01 / 22 / 2016 Transaction ID : C7058542
Mailing Address 4313 Whitehoof Way		Amount of Each Receipt this Period 80.00
City Antioch State CA Zip Code 94531	FEC ID number of contributing federal political committee. C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Beth E Snow		Date of Receipt 01 / 22 / 2016 Transaction ID : C7058543
Mailing Address 4313 Whitehoof Way		Amount of Each Receipt this Period 80.00
City Antioch State CA Zip Code 94531	FEC ID number of contributing federal political committee. C	
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. CURT D SNOW
Full Name (Last, First, Middle Initial)
Mailing Address 1920 KENT DR
City BRENTWOOD State CA Zip Code 94513
FEC ID number of contributing federal political committee. C
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7059599
Amount of Each Receipt this Period
80.00

B. CURT D SNOW
Full Name (Last, First, Middle Initial)
Mailing Address 1920 KENT DR
City BRENTWOOD State CA Zip Code 94513
FEC ID number of contributing federal political committee. C
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7059600
Amount of Each Receipt this Period
80.00

C. CURT D SNOW
Full Name (Last, First, Middle Initial)
Mailing Address 1920 KENT DR
City BRENTWOOD State CA Zip Code 94513
FEC ID number of contributing federal political committee. C
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2016
Transaction ID : C7059601
Amount of Each Receipt this Period
80.00

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

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

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

FOR LINE NUMBER: PAGE 57 OF 65
(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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. James M Surace
 Full Name (Last, First, Middle Initial)
 Mailing Address 12301 Ridge Rd
 City Cleveland State OH Zip Code 44133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058194
 Amount of Each Receipt this Period
 416.00

B. James M Surace
 Full Name (Last, First, Middle Initial)
 Mailing Address 12301 Ridge Rd
 City Cleveland State OH Zip Code 44133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058195
 Amount of Each Receipt this Period
 416.00

C. James M Surace
 Full Name (Last, First, Middle Initial)
 Mailing Address 12301 Ridge Rd
 City Cleveland State OH Zip Code 44133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7058196
 Amount of Each Receipt this Period
 416.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. JEFFERY P THIEL		Date of Receipt
Mailing Address 116 VLASIS DR		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
BALLWIN	MO	63011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C7059167
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Insurance Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. JEFFERY P THIEL		Date of Receipt
Mailing Address 116 VLASIS DR		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
BALLWIN	MO	63011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C7059168
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Insurance Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. JEFFERY P THIEL		Date of Receipt
Mailing Address 116 VLASIS DR		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
BALLWIN	MO	63011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C7059169
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Insurance	Insurance Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DANIEL X UMBERTONE
Full Name (Last, First, Middle Initial)
Mailing Address 4701 LAKELAND DR #29-E
City FLOWOOD State MS Zip Code 39232
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Insurance Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7059865
Amount of Each Receipt this Period 100.00

B. DANIEL X UMBERTONE
Full Name (Last, First, Middle Initial)
Mailing Address 4701 LAKELAND DR #29-E
City FLOWOOD State MS Zip Code 39232
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Insurance Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7059866
Amount of Each Receipt this Period 100.00

C. DANIEL X UMBERTONE
Full Name (Last, First, Middle Initial)
Mailing Address 4701 LAKELAND DR #29-E
City FLOWOOD State MS Zip Code 39232
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Insurance Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016
Transaction ID : C7059867
Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DUSTIN VENEKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 7TH ST
 City KIRKALND State WA Zip Code 98033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059796
 Amount of Each Receipt this Period
 100.00

B. DUSTIN VENEKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 7TH ST
 City KIRKALND State WA Zip Code 98033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059797
 Amount of Each Receipt this Period
 100.00

C. DUSTIN VENEKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 7TH ST
 City KIRKALND State WA Zip Code 98033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7059798
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. JAMI WEATHERSPOON
Full Name (Last, First, Middle Initial)
Mailing Address 8040 CAVENDISH PL

City SUWANEE	State GA	Zip Code 30024
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7061460

Amount of Each Receipt this Period
100.00

B. JAMI WEATHERSPOON
Full Name (Last, First, Middle Initial)
Mailing Address 8040 CAVENDISH PL

City SUWANEE	State GA	Zip Code 30024
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7061461

Amount of Each Receipt this Period
100.00

C. JAMI WEATHERSPOON
Full Name (Last, First, Middle Initial)
Mailing Address 8040 CAVENDISH PL

City SUWANEE	State GA	Zip Code 30024
-----------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7061462

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 65
	<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 (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. TOM WILLIAMS
Full Name (Last, First, Middle Initial)
Mailing Address 225 NE 1ST #312

City DELRAY BEACH	State FL	Zip Code 33444
----------------------	-------------	-------------------

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

Name of Employer American Income	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Date of Receipt
01 / 22 / 2016
Transaction ID : C7065666

Amount of Each Receipt this Period
200.00

B. TOM WILLIAMS
Full Name (Last, First, Middle Initial)
Mailing Address 225 NE 1ST #312

City DELRAY BEACH	State FL	Zip Code 33444
----------------------	-------------	-------------------

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

Name of Employer American Income	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Date of Receipt
01 / 22 / 2016
Transaction ID : C7065667

Amount of Each Receipt this Period
200.00

C. DAVID S ZOPHIN
Full Name (Last, First, Middle Initial)
Mailing Address 11880 NW 81ST CT

City PARKLAND	State FL	Zip Code 33076
------------------	-------------	-------------------

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

Name of Employer American Income Life Insurance	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

Date of Receipt
01 / 22 / 2016
Transaction ID : C7061445

Amount of Each Receipt this Period
200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

A. DAVID S ZOPHIN
Full Name (Last, First, Middle Initial)

Mailing Address 11880 NW 81ST CT

City PARKLAND State FL Zip Code 33076

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

Name of Employer American Income Life Insurance Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7061446

Amount of Each Receipt this Period
 200.00

B. DAVID S ZOPHIN
Full Name (Last, First, Middle Initial)

Mailing Address 11880 NW 81ST CT

City PARKLAND State FL Zip Code 33076

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

Name of Employer American Income Life Insurance Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : C7061447

Amount of Each Receipt this Period
 200.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	25354.00

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

Full Name (Last, First, Middle Initial)

A. HEINZ FOR CONGRESS

Mailing Address PO BOX 2574

City TUCSON State AZ Zip Code 85702

Purpose of Disbursement Congress, AZ-2

011

Candidate Name

MATTHEW GERALD HEINZ

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2016

Transaction ID : D362893

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement Congress, AZ, Primary

011

Candidate Name

KYRSTEN SINEMA

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2016

Transaction ID : D362892

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

2000.00

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

Full Name (Last, First, Middle Initial)

A. Gary Livingston

Mailing Address 5841 Pearl Oyster

City Fort Worth State TX Zip Code 76179

Purpose of Disbursement
Chair of Tarrant County Democratic Party

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D362894

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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