FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		PRGANIZA	AHON			
		(See instruction	ns)			Office use only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If over the line	typying, type es	12FE4M5	
Office and Pr	ofessional Emplo	yees Internation	al Union - Vo	ice of the		
ADDRESS (number and	d street)	L STREET, NW				
(Check if addres	SUIT	E 801			1111	
is changed)	Was	hington		шШ	DC	20036
			CITY▲		STATE	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS (Please		mail address)			
(Check if addres	ss opei	u@opeiudc.org				
			шш			
COMMITTEE'S WEE	3 PAGE ADDRESS (U	RL)				
(Check if addressis changed)	SS L L		шш			
			шш			
2. DATE 0	M / D D / Y	2010 Y				
3. FEC IDENTIFIC	ATION NUMBER		C C000078	98		
4. IS THIS STATE	MENT X NEV	/ (N) OR	A	MENDED (A)		
I certify that I have exam	nined this Statement and	to the best of my know	wledge and belief	it is true, correct an	d complete	_
		Mary Mahoney				
Type or Print Name o	f Treasurer	wai y iwanoney				
Signature of Treasure	er Electronically File	d by Mary Mah	oney		Date 07	26 2010
NOTE: Submission of f		nplete information may				alties of 2 U.S.C. §437g.
Office Use Only			Federa Toll Fre	ther information of least the state of the least the lea		FEC FORM 1 (Revised 02/2009)

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5.		OMMITTEE (Check One)				
	Candidate Committee:					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate			
	Name of Candidate					
	Candidate Party Affiliati	Office Sought: House Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Comm					
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Political Act	tion Committee (PAC):				
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
		Corporation Corporation w/o Capital Stock X Lal	bor Organization			
		Membership Organization Trade Association Co	poperative			
	(0)	In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fundra	alsing Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	· more political			
	Com	mittees Participating in Joint Fundraiser				
		1 FEC ID number C				
		2. FEC ID number				
		3. FEC ID number C				
		. FEC ID number C				

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W	rite or Type Committee Name			
	Office and Professional	Employees International Union	- Voice of the Electorate	
6.	Name of Any Connected Org	ganization, Affiliated Committee, Joint	Fundraising Representative, or I	_eadership PAC Sponsor
	Office and Professional	Employees International Union		
		<u> </u>		
	Mailing Address	1660 L STREET, NW	<i>l</i>	
		Suite 801		
		Washington	<u> </u>	20036
		CITY	STATE ▲	ZIP CODE
	Relationship:			
	X Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone nu books and records.	mber optional), and position	of the person in
	Full Name Mary N	lahoney		
	Mailing Address	1660 L Street, N.W,		
		Suite 801		
		Washington	DC	20036
	Title or Position ▼	CITY A	STATE	ZIP CODE A
	Treasurer		Telephone number	_
8.		and address (phone number opti		mmittee; and the
	name and address of any	designated agent (e.g., assistant t	reasurer).	
	Full Name	A.b.		
	of Treasurer Mary N	Mahoney		
	Mailing Address	1660 L Street, N.W.	, Suite 801	
		Washington		
	Title or Position ♥	CITY A	STATE A	ZIP CODE A
	Treasurer		Telephone number 20	02 _ 393 _ 4464

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	Teleph	hone number	
9. Banks or Other Depositor safety deposit boxes or mair Name of Bank, Depository,	ntains funds. etc.	ommittee deposits funds, ho	lds accounts, rents
Citik	oank 		
Mailing Address	1101 Pennsylvania Avenue, N.W.		
	Washington	DC	20004 _
	CITY 🗻	STATE ⊿	ZIP CODE 🛕
Name of Bank, Depository,	etc.		_
Che	vy Chase Bank		
Mailing Address	PO BOX 1296		
	LAUREL	MD	20707 _
	CITY 🙇	STATE ⊿	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintain		ee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leade	[ADDITIONAL]
OPEIU LOCAL 153 VOTE	(VOICE OF THE ELECTORATE) COMMITTEE		
Mailing Address	265 WEST 14TH STREET, 6TH FLOOR		
	NEW YORK	J LTY L	10011
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repr	esentative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephor	ne number	
Joint Fundraiser Participant	<u> </u>		[ADDITIONAL]
	, , , , , , , , , , , , , , , , , , ,	C ID number C	

A. Form/Schedule: F1S

 $Transaction \ ID: \\$

amended statement of organization. To fill in required information.

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	e deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.	, rando.		[ADDITIONAL]
Mailing Address			
	CITY 🗻	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Organ	nization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leade	[ADDITIONAL] ership PAC Sponsor
Mailing Address	2222 BULL STREET, SUITE 200		
	SAVANNAH	GA L	31401
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	sentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	ID number C	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	, rando.		[ADDITIONAL]
Mailing Address			
[
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repres		
Mailing Address	8555 16TH STREET, SUITE 550		
	SILVER SPRING	MD L	20910
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repres	entative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE₄	ZIP CODE A
	Telephone	number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC!	D number C	