

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>		815905.63
(b) Cash on Hand at Beginning of Reporting Period.....	836966.15	
(c) Total Receipts (from Line 19)	79218.07	166581.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	916184.22	982486.67
7. Total Disbursements (from Line 31).....	7355.00	73657.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	908829.22	908829.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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: / /

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).....	31733.02	60478.62
(ii) Unitemized	47485.05	106005.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	79218.07	166484.47
(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)	79218.07	166484.47
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	96.57
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))..... ▶	79218.07	166581.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	79218.07	166581.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4125.00	5350.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4125.00	5350.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	60500.00
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	-1770.00	-1770.00
(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)).....	-1770.00	-1770.00
29. Other Disbursements	0.00	9577.45
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)) ..	7355.00	73657.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7355.00	73657.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	79218.07	166484.47
34. Total Contribution Refunds (from Line 28(d))	-1770.00	-1770.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80988.07	168254.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4125.00	5350.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4125.00	5350.00

**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 85
	<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. JASON ADAMO
Full Name (Last, First, Middle Initial)

Mailing Address 9810 E 42ND ST #210

City TULSA State OK Zip Code 74146

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6510081

Amount of Each Receipt this Period
 100.00

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

Mailing Address 9810 E 42ND ST #210

City TULSA State OK Zip Code 74146

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

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6510082

Amount of Each Receipt this Period
 100.00

C. JR ALTIG
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 Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6515851

Amount of Each Receipt this Period
 416.00

SUBTOTAL of Receipts This Page (optional).....▶	616.00
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 7 OF 85
	<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. JR ALTIG		Date of Receipt
Mailing Address 15440 BEL-RED RD		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City REDMOND	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		Transaction ID : C6515852
Name of Employer American Income		Amount of Each Receipt this Period
Occupation Agent		416.00
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. JR ALTIG		Date of Receipt
Mailing Address 15440 BEL-RED RD		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City REDMOND	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		Transaction ID : C6515853
Name of Employer American Income		Amount of Each Receipt this Period
Occupation Agent		416.00
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. SIMON A ARIAS		Date of Receipt
Mailing Address 103 INDIAN MEADOW DR		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City MARS	State PA	Zip Code 16046
FEC ID number of contributing federal political committee. C		Transaction ID : C6510006
Name of Employer American Income Life Insurance		Amount of Each Receipt this Period
Occupation Agent		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	600.00	

SUBTOTAL of Receipts This Page (optional).....▶	932.00
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 85
	<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. SIMON A ARIAS

Mailing Address 103 INDIAN MEADOW DR

City MARS	State PA	Zip Code 16046
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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 ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6510007

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
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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 ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6510008

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3217 E Tonto Ln

City Phoenix	State AZ	Zip Code 85050
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6507921

Amount of Each Receipt this Period
 200.00

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 9 OF 85
	<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. Dennis R Arrington
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee.

Name of Employer Local 4873 Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : C6498840

Amount of Each Receipt this Period

B. Dennis R Arrington
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee.

Name of Employer Local 4873 Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : C6507498

Amount of Each Receipt this Period

C. Dennis R Arrington
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee.

Name of Employer Local 4873 Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : C6518303

Amount of Each Receipt this Period

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

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 85
	<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 MM / DD / YYYY 04 / 07 / 2014
Mailing Address 1103 N 25TH ST			Transaction ID : C6509316
City OZARK	State MO	Zip Code 65721	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer National Income Life Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. JAMES BAILEY			Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 1103 N 25TH ST			Transaction ID : C6509317
City OZARK	State MO	Zip Code 65721	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer National Income Life Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. JAMES BAILEY			Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 1103 N 25TH ST			Transaction ID : C6509318
City OZARK	State MO	Zip Code 65721	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer National Income Life Insurance	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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 85
	<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	<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. Lena Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	02	/	2014

Transaction ID : C6498841

Amount of Each Receipt this Period

99	.	99
	.	00

B. Lena Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	09	/	2014

Transaction ID : C6507503

Amount of Each Receipt this Period

99	.	99
	.	00

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

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

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

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	16	/	2014

Transaction ID : C6518304

Amount of Each Receipt this Period

99	.	99
	.	00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<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. Michelle M Baxter		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address PO Box 208		Transaction ID : C6510058
City Waco	State TX	Zip Code 76703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Yaroslav Bitman		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 4704 Saratoga Falls Ln		Transaction ID : C6508009
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Yaroslav Bitman		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 4704 Saratoga Falls Ln		Transaction ID : C6508010
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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 13 OF 85
	<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. Yaroslav Bitman		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 4704 Saratoga Falls Ln		Transaction ID : C6508011
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. David E Blaisdell		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 537 Hogan Branch Rd		Transaction ID : C6508219
City Goodlettsville	State TN	Zip Code 37072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. CARMELLA E BLITCH		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address PO Box 208		Transaction ID : C6509503
City Waco	State TX	Zip Code 76703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 85
	<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 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6511654
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6511655
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6511656
 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 15 OF 85
	<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)

A. SAMANTHA X CHUI
Full Name (Last, First, Middle Initial)

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code
DULUTH GA 30097

FEC ID number of contributing federal political committee.

Name of Employer Occupation
National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6509160

Amount of Each Receipt this Period

B. SAMANTHA X CHUI
Full Name (Last, First, Middle Initial)

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code
DULUTH GA 30097

FEC ID number of contributing federal political committee.

Name of Employer Occupation
National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6509161

Amount of Each Receipt this Period

C. SAMANTHA X CHUI
Full Name (Last, First, Middle Initial)

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code
DULUTH GA 30097

FEC ID number of contributing federal political committee.

Name of Employer Occupation
National Income Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : C6509162

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 16 OF 85
	<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. 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 ▼ 500.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6511781
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 ▼ 500.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6511782
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 ▼ 500.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6511783
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 17 OF 85
<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="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6508860
Lees Summit	MO	64081	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	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Eric L Cochran			Date of Receipt
Mailing Address 1301 Se Princeton PI			<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6508861
Lees Summit	MO	64081	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	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Eric L Cochran			Date of Receipt
Mailing Address 1301 Se Princeton PI			<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6508862
Lees Summit	MO	64081	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	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<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"/>

**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 85
(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. 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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2014

Transaction ID : C6508271

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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2014

Transaction ID : C6508272

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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2014

Transaction ID : C6508273

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 85
	<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. Micah 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 Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508875

Amount of Each Receipt this Period
150.00

B. Micah 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 Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508876

Amount of Each Receipt this Period
150.00

C. Micah 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 Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508877

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 20 OF 85
	<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. BRANDON C COOLEY
Full Name (Last, First, Middle Initial)
Mailing Address 1320 N CONCORD AVE
City CHANDLER State AZ Zip Code 85225
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Ins. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6510226
Amount of Each Receipt this Period 100.00

B. BRANDON C COOLEY
Full Name (Last, First, Middle Initial)
Mailing Address 1320 N CONCORD AVE
City CHANDLER State AZ Zip Code 85225
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Ins. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6510227
Amount of Each Receipt this Period 100.00

C. BRANDON C COOLEY
Full Name (Last, First, Middle Initial)
Mailing Address 1320 N CONCORD AVE
City CHANDLER State AZ Zip Code 85225
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Ins. Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6510228
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 21 OF 85
	<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. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : C6509958

Amount of Each Receipt this Period
100.00

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. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : C6509959

Amount of Each Receipt this Period
100.00

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. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : C6509960

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 85
	<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. JAMES X CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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
 04 / 07 / 2014
Transaction ID : C6509622

Amount of Each Receipt this Period
 50.00

B. JAMES X CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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
 04 / 07 / 2014
Transaction ID : C6509623

Amount of Each Receipt this Period
 50.00

C. JAMES X CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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
 04 / 07 / 2014
Transaction ID : C6509624

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 85
	<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. 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : C6508921

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : C6508922

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : C6508923

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 24 OF 85
	<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. Scott R Davis		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 34420 St Maron Blvd		Transaction ID : C6508382
City Avon	State OH	Zip Code 44011
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Scott R Davis		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 34420 St Maron Blvd		Transaction ID : C6508383
City Avon	State OH	Zip Code 44011
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Scott R Davis		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 34420 St Maron Blvd		Transaction ID : C6508384
City Avon	State OH	Zip Code 44011
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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 25 OF 85
<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. Cara A Defiore		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Machesney Park State IL Zip Code 61115		Transaction ID : C6508204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
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="240.00"/>	

Full Name (Last, First, Middle Initial) B. Cara A Defiore		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Machesney Park State IL Zip Code 61115		Transaction ID : C6508205
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
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="240.00"/>	

Full Name (Last, First, Middle Initial) C. Cara A Defiore		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Machesney Park State IL Zip Code 61115		Transaction ID : C6508206
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
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="240.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 85
	<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. 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 ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6511335

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 ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6511336

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 ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6511337

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 27 OF 85
	<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 Diehm		Date of Receipt
Mailing Address 2222 Bull Street Suite 200		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer Local 4873	Occupation Exec. Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	
		Transaction ID : C6498843
		Amount of Each Receipt this Period <input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) B. Cindy Diehm		Date of Receipt
Mailing Address 2222 Bull Street Suite 200		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer Local 4873	Occupation Exec. Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	
		Transaction ID : C6518311
		Amount of Each Receipt this Period <input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. DESI DIMITROVA		Date of Receipt
Mailing Address 2286 SLOAN DR		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City LA VERNE	State CA	Zip Code 91750
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer American Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	
		Transaction ID : C6509831
		Amount of Each Receipt this Period <input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 85
	<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="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
LA VERNE	CA	91750
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C6509832
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life 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="600.00"/>	

Full Name (Last, First, Middle Initial) B. DESI DIMITROVA		Date of Receipt
Mailing Address 2286 SLOAN DR		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
LA VERNE	CA	91750
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C6509833
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life 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="600.00"/>	

Full Name (Last, First, Middle Initial) C. WILLIAM M DOBY		Date of Receipt
Mailing Address 4123 CHACE LAKE CIR		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
HOOVER	AL	35244
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C6513428
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income	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"/>

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 85
	<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. WILLIAM M DOBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4123 CHACE LAKE CIR
 City HOOVER State AL Zip Code 35244
 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
 04 / 07 / 2014
Transaction ID : C6513429
 Amount of Each Receipt this Period
 100.00

B. WILLIAM M DOBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4123 CHACE LAKE CIR
 City HOOVER State AL Zip Code 35244
 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
 04 / 07 / 2014
Transaction ID : C6513430
 Amount of Each Receipt this Period
 100.00

C. MITCHELL L DUPLANTIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1023 CLINTON ST #5A
 City Hoboken State NJ Zip Code 07030
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6511922
 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 30 OF 85
	<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. MITCHELL L DUPLANTIS		Date of Receipt
Mailing Address 1023 CLINTON ST #5A		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hoboken	NJ	07030
FEC ID number of contributing federal political committee.		Transaction ID : C6511923
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	Occupation	
American Income	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MITCHELL L DUPLANTIS		Date of Receipt
Mailing Address 1023 CLINTON ST #5A		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hoboken	NJ	07030
FEC ID number of contributing federal political committee.		Transaction ID : C6511924
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	Occupation	
American Income	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RICHARD J DYER		Date of Receipt
Mailing Address 1309 N MERIDIAN AVE #112		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
OKLAHOMA CITY	OK	73107
FEC ID number of contributing federal political committee.		Transaction ID : C6515285
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	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"/>

**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 85
	<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. RICHARD J DYER
Full Name (Last, First, Middle Initial)

Mailing Address 1309 N MERIDIAN AVE #112

City OKLAHOMA CITY	State OK	Zip Code 73107
-----------------------	-------------	-------------------

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
04	/	07	/	2014

Transaction ID : C6515286

Amount of Each Receipt this Period

100.00

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

Mailing Address 1309 N MERIDIAN AVE #112

City OKLAHOMA CITY	State OK	Zip Code 73107
-----------------------	-------------	-------------------

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
04	/	07	/	2014

Transaction ID : C6515287

Amount of Each Receipt this Period

100.00

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

Mailing Address 44 BLACK BEAR DR #1228

City Waltham	State MA	Zip Code 02451
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

Transaction ID : C6510340

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶	241.67
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 85
	<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. LAURA FISHER		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 44 BLACK BEAR DR #1228		Transaction ID : C6510341
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
Name of Employer American Income Life Ins.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. LAURA FISHER		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 44 BLACK BEAR DR #1228		Transaction ID : C6510342
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
Name of Employer American Income Life Ins.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Donald Foti		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 4071 Port Chicago Hwy St 200		Transaction ID : C6508289
City Concord	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	283.34
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 33 OF 85
	<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. Donald Foti		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
04		07		2014								
Mailing Address 4071 Port Chicago Hwy St 200		Transaction ID : C6508290										
City Concord	State CA	Zip Code 94520										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00										
Name of Employer American Income Life	Occupation Insurance Agent											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00											

Full Name (Last, First, Middle Initial) B. Donald Foti		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
04		07		2014								
Mailing Address 4071 Port Chicago Hwy St 200		Transaction ID : C6508291										
City Concord	State CA	Zip Code 94520										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00										
Name of Employer American Income Life	Occupation Insurance Agent											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00											

Full Name (Last, First, Middle Initial) C. Susan Fuldauer		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
04		07		2014								
Mailing Address 7229 Kingman Cir		Transaction ID : C6507993										
City Indianapolis	State IN	Zip Code 46256										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00										
Name of Employer American Income Life	Occupation Insurance Agent											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00											

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 85
	<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. ROGER FUNG
Full Name (Last, First, Middle Initial)

Mailing Address 12845 NW FOREST SPRING LN

City PORTLAND State OR Zip Code 97229

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 ▼ 600.00

Date of Receipt
04 / 07 / 2014
Transaction ID : C6512014

Amount of Each Receipt this Period
100.00

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

Mailing Address 12845 NW FOREST SPRING LN

City PORTLAND State OR Zip Code 97229

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 ▼ 600.00

Date of Receipt
04 / 07 / 2014
Transaction ID : C6512015

Amount of Each Receipt this Period
100.00

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

Mailing Address 12845 NW FOREST SPRING LN

City PORTLAND State OR Zip Code 97229

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 ▼ 600.00

Date of Receipt
04 / 07 / 2014
Transaction ID : C6512016

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 35 OF 85
(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)

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

Mailing Address 15835 WINDROSE CT

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

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

Name of Employer American Income Life Ins.	Occupation 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
04	/	07	/	2014

Transaction ID : C6510367

Amount of Each Receipt this Period
150.00

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

Mailing Address 15835 WINDROSE CT

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

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

Name of Employer American Income Life Ins.	Occupation 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
04	/	07	/	2014

Transaction ID : C6510368

Amount of Each Receipt this Period
150.00

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

Mailing Address 15835 WINDROSE CT

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

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

Name of Employer American Income Life Ins.	Occupation 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
04	/	07	/	2014

Transaction ID : C6510369

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 36 OF 85
	<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 EATONTOWN	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6515098

Amount of Each Receipt this Period
400.00

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

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6515099

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 EATONTOWN	State NJ	Zip Code 07724
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6515100

Amount of Each Receipt this Period
400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 85
<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. DENISE E GILBERT		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.		Transaction ID : C6509379
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
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="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) B. Steven K Greer		Date of Receipt
Mailing Address 43 Nocturne Woods PI		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
The Woodlands	TX	77382
FEC ID number of contributing federal political committee.		Transaction ID : C6508201
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
AMERICAN INCOME LIFE INSURANCE	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) C. Steven K Greer		Date of Receipt
Mailing Address 43 Nocturne Woods PI		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
The Woodlands	TX	77382
FEC ID number of contributing federal political committee.		Transaction ID : C6508202
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
AMERICAN INCOME LIFE INSURANCE	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 85
	<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 1800.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6508203
 Amount of Each Receipt this Period 300.00

B. FREDERICK HADAYIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 LISBURN RD
 City CAMP HILL State PA Zip Code 17011
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1090.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6510418
 Amount of Each Receipt this Period 300.00

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 1800.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6507950
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... 900.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 85
	<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		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City	State	Zip Code
Fishers	IN	46038
FEC ID number of contributing federal political committee.		Transaction ID : C6507951
Name of Employer		Amount of Each Receipt this Period
AMERICAN INCOME LIFE INS. CO.		300.00
Occupation		
Insurance Agent		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		1800.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Hancock		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City	State	Zip Code
Fishers	IN	46038
FEC ID number of contributing federal political committee.		Transaction ID : C6507952
Name of Employer		Amount of Each Receipt this Period
AMERICAN INCOME LIFE INS. CO.		300.00
Occupation		
Insurance Agent		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		1800.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MATHEW R HART		Date of Receipt
Mailing Address 8843 W RANCH RD		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City	State	Zip Code
TRACY	CA	95304
FEC ID number of contributing federal political committee.		Transaction ID : C6512203
Name of Employer		Amount of Each Receipt this Period
American Income		100.00
Occupation		
Agent		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00
<input type="checkbox"/> Other (specify) ▼		

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 40 OF 85
	<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. MATHEW R HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 8843 W RANCH RD
 City TRACY State CA Zip Code 95304
 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 500.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6512204
 Amount of Each Receipt this Period 100.00

B. MATHEW R HART
 Full Name (Last, First, Middle Initial)
 Mailing Address 8843 W RANCH RD
 City TRACY State CA Zip Code 95304
 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 500.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6512205
 Amount of Each Receipt this Period 100.00

C. Rob Hay
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 5540 Falmouth St
 City Richmond State VA Zip Code 23230
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1500.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6508952
 Amount of Each Receipt this Period 250.00

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 41 OF 85
	<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. Rob Hay
Full Name (Last, First, Middle Initial)
Mailing Address 5515 5540 Falmouth St
City Richmond State VA Zip Code 23230
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6508953
Amount of Each Receipt this Period 250.00

B. Rob Hay
Full Name (Last, First, Middle Initial)
Mailing Address 5515 5540 Falmouth St
City Richmond State VA Zip Code 23230
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6508954
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 1500.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6508885
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 42 OF 85
(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. 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508886
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508887
 Amount of Each Receipt this Period
 250.00

C. CHRISTOPHER HERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 E LAFAYETTE PL #608
 City MILWAUKEE State WI Zip Code 53202
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6509374
 Amount of Each Receipt this Period
 100.00

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 43 OF 85
	<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. CHRISTOPHER HERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 E LAFAYETTE PL #608
 City MILWAUKEE State WI Zip Code 53202
 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 600.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6509375
 Amount of Each Receipt this Period 100.00

B. CHRISTOPHER HERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 E LAFAYETTE PL #608
 City MILWAUKEE State WI Zip Code 53202
 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 600.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6509376
 Amount of Each Receipt this Period 100.00

C. MATTHEW P HOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 PAMPAS DR
 City POOLER State GA Zip Code 31322
 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 400.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6512261
 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 85
	<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. MATTHEW P HOGAN		Date of Receipt
Mailing Address 130 PAMPAS DR		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
POOLER	GA	31322
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : C6512262
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) B. MATTHEW P HOGAN		Date of Receipt
Mailing Address 130 PAMPAS DR		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
POOLER	GA	31322
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : C6512263
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) C. John W Jatoft		Date of Receipt
Mailing Address 4071 Port Chicago Hwy Suite 200		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Concord	CA	94520
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
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="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	
		Transaction ID : C6507965
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
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 45 OF 85
	<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. John W Jatoft
 Full Name (Last, First, Middle Initial)
 Mailing Address 4071 Port Chicago Hwy
 Suite 200
 City Concord State CA Zip Code 94520
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6507966
 Amount of Each Receipt this Period
 200.00

B. John W Jatoft
 Full Name (Last, First, Middle Initial)
 Mailing Address 4071 Port Chicago Hwy
 Suite 200
 City Concord State CA Zip Code 94520
 Name of Employer American Income Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6507967
 Amount of Each Receipt this Period
 200.00

C. Theatla Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 Bull St
 City Savannah State GA Zip Code 31401
 Name of Employer OPEIU, Local #4873 Occupation Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : C6498852
 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: PAGE 46 OF 85
(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. CHRISTOPHER J JORDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 62627 BLACK RIVER RUN ST
 City SOUTH HAVEN State MI Zip Code 49090
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6509671
 Amount of Each Receipt this Period
 100.00

B. CHRISTOPHER J JORDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 62627 BLACK RIVER RUN ST
 City SOUTH HAVEN State MI Zip Code 49090
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6509672
 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6512361
 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 47 OF 85
	<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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6512362
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6512363
 Amount of Each Receipt this Period
 100.00

C. CHRISTINE JUDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 OAK PARK CIR
 City PEARL State MS Zip Code 39208
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6509965
 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 85
	<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. CHRISTINE JUDGE		Date of Receipt
Mailing Address 509 OAK PARK CIR		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
PEARL	MS	39208
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C6509966
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life 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="600.00"/>	

Full Name (Last, First, Middle Initial) B. CHRISTINE JUDGE		Date of Receipt
Mailing Address 509 OAK PARK CIR		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
PEARL	MS	39208
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C6509967
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life 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="600.00"/>	

Full Name (Last, First, Middle Initial) C. Sidney Kalban		Date of Receipt
Mailing Address 2222 Bull St Suite 200		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C6498848
Name of Employer	Occupation	Amount of Each Receipt this Period
OPEIU, Local #4873	member	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 85
	<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. Sidney Kalban		Date of Receipt
Mailing Address 2222 Bull St Suite 200		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6518319
Name of Employer OPEIU, Local #4873		Amount of Each Receipt this Period
Occupation member		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) B. CHRIS LAFOND		Date of Receipt
Mailing Address 27 TYLER RD		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Lexington	State MA	Zip Code 02420
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6512435
Name of Employer American Income		Amount of Each Receipt this Period
Occupation Agent		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.02"/>	

Full Name (Last, First, Middle Initial) C. CHRIS LAFOND		Date of Receipt
Mailing Address 27 TYLER RD		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Lexington	State MA	Zip Code 02420
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6512436
Name of Employer American Income		Amount of Each Receipt this Period
Occupation Agent		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.02"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="103.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 85
	<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. CHRIS LAFOND
Full Name (Last, First, Middle Initial)

Mailing Address 27 TYLER RD

City Lexington State MA Zip Code 02420

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 ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6512437

Amount of Each Receipt this Period
 41.67

B. MICHAEL A LIBASSI
Full Name (Last, First, Middle Initial)

Mailing Address 191 VINE ST #123

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. C

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6510635

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6509892

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	241.67
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 85
<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. 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 ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6509893

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 ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6509894

Amount of Each Receipt this Period
100.00

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

Mailing Address 8728 CUMBERNAULD CIR N

City GERMANTOWN State TN Zip Code 38139

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

Name of Employer American Income Life Ins. Occupation 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
 04 / 07 / 2014

Transaction ID : C6510668

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 52 OF 85
	<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. CHRIS A LUSSIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 8728 CUMBERNAULD CIR N
 City GERMANTOWN State TN Zip Code 38139
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 600.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6510669
 Amount of Each Receipt this Period 100.00

B. CHRIS A LUSSIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 8728 CUMBERNAULD CIR N
 City GERMANTOWN State TN Zip Code 38139
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Ins. Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 600.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6510670
 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 600.00

Date of Receipt 04 / 07 / 2014
 Transaction ID : C6508295
 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 85
<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. 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : C6508296

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : C6508297

Amount of Each Receipt this Period

100.00

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

Mailing Address 4537 Cove Dr
Apt B

City Carlsbad	State CA	Zip Code 92008
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : C6507926

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 85
<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. John McCreary		Date of Receipt MM / DD / YYYY 04 / 07 / 2014 Transaction ID : C6507927
Mailing Address 4537 Cove Dr Apt B		Amount of Each Receipt this Period 50.00
City Carlsbad	State Zip Code CA 92008	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John McCreary		Date of Receipt MM / DD / YYYY 04 / 07 / 2014 Transaction ID : C6507928
Mailing Address 4537 Cove Dr Apt B		Amount of Each Receipt this Period 50.00
City Carlsbad	State Zip Code CA 92008	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CATHERINE C MINOR		Date of Receipt MM / DD / YYYY 04 / 07 / 2014 Transaction ID : C6512660
Mailing Address 3950 S FREMONT AVE #B15		Amount of Each Receipt this Period 100.00
City SPRINGFIELD	State Zip Code MO 65804	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer American Income	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 85
	<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. CATHERINE C MINOR
Full Name (Last, First, Middle Initial)

Mailing Address 3950 S FREMONT AVE #B15

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

Transaction ID : C6512661

Amount of Each Receipt this Period

100.00

B. CATHERINE C MINOR
Full Name (Last, First, Middle Initial)

Mailing Address 3950 S FREMONT AVE #B15

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

Transaction ID : C6512662

Amount of Each Receipt this Period

100.00

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

Mailing Address 6515 Francis Ave N

City Seattle	State WA	Zip Code 98103-5243
-----------------	-------------	------------------------

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

Name of Employer LOCAL 8	Occupation Business Manager
-----------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **324.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2014

Transaction ID : C6498857

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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 85
	<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)

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

Mailing Address 141 WOODMORE AVE

City LOUISVILLE State KY Zip Code 40214

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6509280

Amount of Each Receipt this Period
 100.00

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

Mailing Address 141 WOODMORE AVE

City LOUISVILLE State KY Zip Code 40214

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6509281

Amount of Each Receipt this Period
 100.00

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

Mailing Address 141 WOODMORE AVE

City LOUISVILLE State KY Zip Code 40214

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6509282

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 57 OF 85
	<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. PATRICIA MORGAN		Date of Receipt 04 / 07 / 2014 Transaction ID : C6509380
Mailing Address PO Box 208		Amount of Each Receipt this Period 200.00
City Waco	State TX	Zip Code 76703
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Eric J Neal		Date of Receipt 04 / 07 / 2014 Transaction ID : C6508888
Mailing Address 1355 Woodside Dr		Amount of Each Receipt this Period 300.00
City Arnold	State MO	Zip Code 63010
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 ▼ 1800.00	

Full Name (Last, First, Middle Initial) C. Eric J Neal		Date of Receipt 04 / 07 / 2014 Transaction ID : C6508889
Mailing Address 1355 Woodside Dr		Amount of Each Receipt this Period 300.00
City Arnold	State MO	Zip Code 63010
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 ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 85
	<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. Eric J Neal
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Woodside Dr

City Arnold State MO Zip Code 63010

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6508890

Amount of Each Receipt this Period
 300.00

B. 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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6509678

Amount of Each Receipt this Period
 100.00

C. 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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6509679

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 59 OF 85
	<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. 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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : C6509680

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 ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : C6508951

Amount of Each Receipt this Period
1200.00

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 ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : C6509616

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 85
	<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. 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 ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6509617

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 ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6509618

Amount of Each Receipt this Period
 400.00

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

Mailing Address 632 Moraine Ct

City Colgate State WI Zip Code 53017

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

Name of Employer American Income Life Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508134

Amount of Each Receipt this Period
 240.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1040.00

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 61 OF 85
(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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6512799
 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6512800
 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6512801
 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 85
	<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. FRANCISCO M PEREZ		Date of Receipt
Mailing Address 1 LEE AVE		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6515463
Name of Employer American Income		Occupation 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"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) B. FRANCISCO M PEREZ		Date of Receipt
Mailing Address 1 LEE AVE		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6515464
Name of Employer American Income		Occupation 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"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) C. FRANCISCO M PEREZ		Date of Receipt
Mailing Address 1 LEE AVE		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6515465
Name of Employer American Income		Occupation 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"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>

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 63 OF 85
	<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. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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
 04 / 07 / 2014
Transaction ID : C6514066

Amount of Each Receipt this Period
 100.00

B. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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
 04 / 07 / 2014
Transaction ID : C6514067

Amount of Each Receipt this Period
 100.00

C. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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
 04 / 07 / 2014
Transaction ID : C6514068

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 65 OF 85
<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. Edward D Rubio
Full Name (Last, First, Middle Initial)
Mailing Address 15508 Sugar Loaf Dr
City Edmond State OK Zip Code 73013
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6508936
Amount of Each Receipt this Period 100.00

B. Edward D Rubio
Full Name (Last, First, Middle Initial)
Mailing Address 15508 Sugar Loaf Dr
City Edmond State OK Zip Code 73013
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6508937
Amount of Each Receipt this Period 100.00

C. Edward D Rubio
Full Name (Last, First, Middle Initial)
Mailing Address 15508 Sugar Loaf Dr
City Edmond State OK Zip Code 73013
FEC ID number of contributing federal political committee. C
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 04 / 07 / 2014
Transaction ID : C6508938
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 66 OF 85
	<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. Paul D Rumbuc
 Full Name (Last, First, Middle Initial)
 Mailing Address 3570 Magnolia Ct
 City Oakland Township State MI Zip Code 48363
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508121
 Amount of Each Receipt this Period
 400.00

B. Paul D Rumbuc
 Full Name (Last, First, Middle Initial)
 Mailing Address 3570 Magnolia Ct
 City Oakland Township State MI Zip Code 48363
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508122
 Amount of Each Receipt this Period
 400.00

C. Paul D Rumbuc
 Full Name (Last, First, Middle Initial)
 Mailing Address 3570 Magnolia Ct
 City Oakland Township State MI Zip Code 48363
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Life Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508125
 Amount of Each Receipt this Period
 400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 85
	<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. JAVIER L SANDOVAL		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014 Transaction ID : C6515068	
Mailing Address 1 RANGER RD		Amount of Each Receipt this Period 100.00	
City Hollis	State NH	Zip Code 03049	
FEC ID number of contributing federal political committee. C			
Name of Employer American Income	Occupation Agent	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. JAVIER L SANDOVAL		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014 Transaction ID : C6515069	
Mailing Address 1 RANGER RD		Amount of Each Receipt this Period 100.00	
City Hollis	State NH	Zip Code 03049	
FEC ID number of contributing federal political committee. C			
Name of Employer American Income	Occupation Agent	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JAVIER L SANDOVAL		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014 Transaction ID : C6515070	
Mailing Address 1 RANGER RD		Amount of Each Receipt this Period 100.00	
City Hollis	State NH	Zip Code 03049	
FEC ID number of contributing federal political committee. C			
Name of Employer American Income	Occupation Agent	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 85
	<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
-----------------------------	-----------------------------	-----------------------------

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. Joe Serrano
Full Name (Last, First, Middle Initial)

Mailing Address 6070 Gateway E
Suite 5006

City El Paso State TX Zip Code 79905

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

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 02 / 2014
Transaction ID : C6498847

Amount of Each Receipt this Period
50.00

B. Joe Serrano
Full Name (Last, First, Middle Initial)

Mailing Address 6070 Gateway E
Suite 5006

City El Paso State TX Zip Code 79905

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

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 09 / 2014
Transaction ID : C6507504

Amount of Each Receipt this Period
30.00

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

Mailing Address 6070 Gateway E
Suite 5006

City El Paso State TX Zip Code 79905

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

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 16 / 2014
Transaction ID : C6518337

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 69 OF 85
	<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)

A. Beth E Snow
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Whitehoof Way
 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: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt
 04 / 07 / 2014
Transaction ID : C6508848
 Amount of Each Receipt this Period
80.00

B. Beth E Snow
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Whitehoof Way
 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: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt
 04 / 07 / 2014
Transaction ID : C6508849
 Amount of Each Receipt this Period
80.00

C. Beth E Snow
 Full Name (Last, First, Middle Initial)
 Mailing Address 4313 Whitehoof Way
 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: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt
 04 / 07 / 2014
Transaction ID : C6508850
 Amount of Each Receipt this Period
80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 85
	<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. Curt D Snow		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
04		07		2014								
Mailing Address 4313 Whitehoof Way		Transaction ID : C6508854										
City Antioch	State CA	Zip Code 94531										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00										
Name of Employer American Income	Occupation Agent											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00											

Full Name (Last, First, Middle Initial) B. Curt D Snow		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
04		07		2014								
Mailing Address 4313 Whitehoof Way		Transaction ID : C6508855										
City Antioch	State CA	Zip Code 94531										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00										
Name of Employer American Income	Occupation Agent											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00											

Full Name (Last, First, Middle Initial) C. Curt D Snow		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
04		07		2014								
Mailing Address 4313 Whitehoof Way		Transaction ID : C6508856										
City Antioch	State CA	Zip Code 94531										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00										
Name of Employer American Income	Occupation Agent											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00											

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 71 OF 85
(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. Scott E Sonnenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Leaf Ln
 City Alabaster State AL Zip Code 35007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508869
 Amount of Each Receipt this Period
 100.00

B. Scott E Sonnenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Leaf Ln
 City Alabaster State AL Zip Code 35007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508870
 Amount of Each Receipt this Period
 100.00

C. Scott E Sonnenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Leaf Ln
 City Alabaster State AL Zip Code 35007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Income Life Ins. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508871
 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 72 OF 85
	<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. JOHN C SPARBY
Full Name (Last, First, Middle Initial)

Mailing Address 1731 HICKORY HILL DR

City EAGAN	State MN	Zip Code 55122
---------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : C6509310

Amount of Each Receipt this Period
40.00

B. JOHN C SPARBY
Full Name (Last, First, Middle Initial)

Mailing Address 1731 HICKORY HILL DR

City EAGAN	State MN	Zip Code 55122
---------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : C6509311

Amount of Each Receipt this Period
40.00

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

Mailing Address 1731 HICKORY HILL DR

City EAGAN	State MN	Zip Code 55122
---------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : C6509312

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 85
	<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 M Surace		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6508301
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="2496.00"/>		

Full Name (Last, First, Middle Initial) B. James M Surace		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6508302
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="2496.00"/>		

Full Name (Last, First, Middle Initial) C. James M Surace		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6508303
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="2496.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1248.00"/>
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 74 OF 85
	<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. RANDY E TEYSSIER
Full Name (Last, First, Middle Initial)

Mailing Address 103 TARTAN RD

City GIBSONIA	State PA	Zip Code 15044
------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

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
 04 / 07 / 2014

Transaction ID : C6511036

Amount of Each Receipt this Period
200.00

B. RANDY E TEYSSIER
Full Name (Last, First, Middle Initial)

Mailing Address 103 TARTAN RD

City GIBSONIA	State PA	Zip Code 15044
------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

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
 04 / 07 / 2014

Transaction ID : C6511037

Amount of Each Receipt this Period
200.00

C. RANDY E TEYSSIER
Full Name (Last, First, Middle Initial)

Mailing Address 103 TARTAN RD

City GIBSONIA	State PA	Zip Code 15044
------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

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
 04 / 07 / 2014

Transaction ID : C6511041

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 75 OF 85
<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. JEFFERY P THIEL
Full Name (Last, First, Middle Initial)
Mailing Address 116 VLASIS DR

City BALLWIN	State MO	Zip Code 63011
-----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : C6511318

Amount of Each Receipt this Period
100.00

B. JEFFERY P THIEL
Full Name (Last, First, Middle Initial)
Mailing Address 116 VLASIS DR

City BALLWIN	State MO	Zip Code 63011
-----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : C6511319

Amount of Each Receipt this Period
100.00

C. JEFFERY P THIEL
Full Name (Last, First, Middle Initial)
Mailing Address 116 VLASIS DR

City BALLWIN	State MO	Zip Code 63011
-----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : C6511320

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 76 OF 85
	<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. Becky Turner		Date of Receipt
Mailing Address 704 Royal View Ct		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
Weatherford	TX	76086
FEC ID number of contributing federal political committee.		Transaction ID : C6507470
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
LOCAL 277	President/Business Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Becky Turner		Date of Receipt
Mailing Address 704 Royal View Ct		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Weatherford	TX	76086
FEC ID number of contributing federal political committee.		Transaction ID : C6518338
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
LOCAL 277	President/Business Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DUSTIN WX VENEKAMP		Date of Receipt
Mailing Address 15911 NE 83RD ST		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
REDMOND	WA	98052
FEC ID number of contributing federal political committee.		Transaction ID : C6513262
FEC ID number: <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="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="180.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 85
	<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. DUSTIN WX VENEKAMP		Date of Receipt
Mailing Address 15911 NE 83RD ST		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City REDMOND	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		Transaction ID : C6513266
Name of Employer American Income		Amount of Each Receipt this Period
Occupation Agent		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	600.00	

Full Name (Last, First, Middle Initial) B. DUSTIN WX VENEKAMP		Date of Receipt
Mailing Address 15911 NE 83RD ST		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City REDMOND	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		Transaction ID : C6513267
Name of Employer American Income		Amount of Each Receipt this Period
Occupation Agent		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	600.00	

Full Name (Last, First, Middle Initial) C. JAMI WEATHERSPOON JR		Date of Receipt
Mailing Address 9880 WESTPOINT DR STE 500		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City INDIANAPOLIS	State IN	Zip Code 46256
FEC ID number of contributing federal political committee. C		Transaction ID : C6509633
Name of Employer American Income Life Insurance		Amount of Each Receipt this Period
Occupation Agent		50.00
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).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 85
	<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. JAMI WEATHERSPOON JR
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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 : C6509634

Amount of Each Receipt this Period

B. JAMI WEATHERSPOON JR
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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 : C6509635

Amount of Each Receipt this Period

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

Mailing Address 5111 NATALIE DR

City BRYANT	State AR	Zip Code 72022
----------------	-------------	-------------------

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 : C6509548

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 85
	<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. JEREMY WELCH		Date of Receipt
Mailing Address 5111 NATALIE DR		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
BRYANT	AR	72022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
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="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Transaction ID : C6509549
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) B. JEREMY WELCH		Date of Receipt
Mailing Address 5111 NATALIE DR		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
BRYANT	AR	72022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
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="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Transaction ID : C6509550
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) C. Cynthia J Wilhelmi		Date of Receipt
Mailing Address 2912 S Louise Ave #105		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Sioux Falls	SD	57106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="502.00"/>	
		Transaction ID : C6508872
		Amount of Each Receipt this Period
		<input type="text" value="2.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="202.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 85
	<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. Cynthia J Wilhelmi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 S Louise Ave #105
 City State Zip Code
 Sioux Falls SD 57106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Ins. Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 502.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508873
 Amount of Each Receipt this Period
 100.00

B. Cynthia J Wilhelmi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 S Louise Ave #105
 City State Zip Code
 Sioux Falls SD 57106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Ins. Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 502.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : C6508874
 Amount of Each Receipt this Period
 100.00

C. Tom Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 S Pine Island Rd Ste 308
 City State Zip Code
 Plantation FL 33324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Life Ins. 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
 04 / 07 / 2014
Transaction ID : C6508881
 Amount of Each Receipt this Period
 200.00

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 81 OF 85
	<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. Tom Williams
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation State FL Zip Code 33324

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : C6508882

Amount of Each Receipt this Period
200.00

B. Wilma Zimmerman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22699

City Savannah State GA Zip Code 31403

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

Name of Employer OPEIU Local 4873 Occupation Rep (KY)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : C6498846

Amount of Each Receipt this Period
50.00

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

Mailing Address PO Box 22699

City Savannah State GA Zip Code 31403

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

Name of Employer OPEIU Local 4873 Occupation Rep (KY)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : C6507505

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **280.00**

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 82 OF 85		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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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. David S Zophin

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6508883

Amount of Each Receipt this Period
200.00

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

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C6508884

Amount of Each Receipt this Period
200.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D 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).....▶	31733.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Calibre Cpa Group Pllc

Mailing Address 7501 Wisconsin Avenue, Suite 1200

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Administrative/Accounting Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D337164

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NGP Software

Mailing Address 1101 15th St, NW Suite 500

City State Zip Code
Washington DC 20005-5006

Purpose of Disbursement
PAC Software

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Filing Software

Date of Disbursement

/ /

Transaction ID : D337165

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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)..... ▶

**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. Wesley Reed Campaign

Mailing Address 823 N. Tanchua Street

City State Zip Code
Corpus Christi TX 78401

Purpose of Disbursement
Congress, 27th, TX, General

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : D337162

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

5000.00

**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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. LAURA FISHER

Mailing Address 44 BLACK BEAR DR #1228

City State Zip Code
WALTHAM MA 02451

Purpose of Disbursement
CHECK NOT CASHED Contribution Refund MA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2014

Transaction ID : D337166

Amount of Each Disbursement this Period

-1800.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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)..... ▶

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

-1800.00

-1800.00
