

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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="2012"/>		693925.28
(b) Cash on Hand at Beginning of Reporting Period.....	725462.14	
(c) Total Receipts (from Line 19)	76076.27	223891.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	801538.41	917816.36
7. Total Disbursements (from Line 31).....	6400.00	122677.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	795138.41	795138.41
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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).....	32859.44	70996.52
(ii) Unitemized	43216.83	124099.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	76076.27	195096.20
(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)	76076.27	195096.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	28521.55
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	273.33
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))..... ▶	76076.27	223891.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	76076.27	223891.08

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	0.00	7550.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	7550.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	98500.00
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	1900.00	1900.00
(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)).....	1900.00	1900.00
29. Other Disbursements	0.00	14727.95
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6400.00	122677.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6400.00	122677.95

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)	76076.27	195096.20
34. Total Contribution Refunds (from Line 28(d))	1900.00	1900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74176.27	193196.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	7550.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	7550.00

**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 86
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 101 NE 53RD #2018

City OKLAHOMA CITY	State OK	Zip Code 73105
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5316995

Amount of Each Receipt this Period
100.00

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

Mailing Address 101 NE 53RD #2018

City OKLAHOMA CITY	State OK	Zip Code 73105
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5316996

Amount of Each Receipt this Period
100.00

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

Mailing Address 101 NE 53RD #2018

City OKLAHOMA CITY	State OK	Zip Code 73105
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5316997

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 7 OF 86
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. John R Akers
Full Name (Last, First, Middle Initial)

Mailing Address 6901 W 138Th Ter #418

City	State	Zip Code
Overland Park	KS	66223

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 M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314248

Amount of Each Receipt this Period
100.00

B. John R Akers
Full Name (Last, First, Middle Initial)

Mailing Address 6901 W 138Th Ter #418

City	State	Zip Code
Overland Park	KS	66223

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 M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314249

Amount of Each Receipt this Period
100.00

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

Mailing Address 6901 W 138Th Ter #418

City	State	Zip Code
Overland Park	KS	66223

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 M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314250

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 8 OF 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. Richard JR Altig

Mailing Address 15440 Bel-Red Rd

City State Zip Code
 Redmond WA 98052

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 ▼
 2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314311

Amount of Each Receipt this Period
 416.00

Full Name (Last, First, Middle Initial)
B. Richard JR Altig

Mailing Address 15440 Bel-Red Rd

City State Zip Code
 Redmond WA 98052

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 ▼
 2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314312

Amount of Each Receipt this Period
 416.00

Full Name (Last, First, Middle Initial)
C. Richard JR Altig

Mailing Address 15440 Bel-Red Rd

City State Zip Code
 Redmond WA 98052

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 ▼
 2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314313

Amount of Each Receipt this Period
 416.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1248.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Diego R Arangopuerta
Full Name (Last, First, Middle Initial)
Mailing Address 7810 Rain Shore

City San Antonio	State TX	Zip Code 78249
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
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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
07	/	17	/	2012

Transaction ID : C5314251

Amount of Each Receipt this Period

100.00

B. Diego R Arangopuerta
Full Name (Last, First, Middle Initial)
Mailing Address 7810 Rain Shore

City San Antonio	State TX	Zip Code 78249
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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
07	/	17	/	2012

Transaction ID : C5314252

Amount of Each Receipt this Period

100.00

C. Diego R Arangopuerta
Full Name (Last, First, Middle Initial)
Mailing Address 7810 Rain Shore

City San Antonio	State TX	Zip Code 78249
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
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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
07	/	17	/	2012

Transaction ID : C5314253

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 10 OF 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Simon A Arias
Full Name (Last, First, Middle Initial)
Mailing Address 12330 Perry Highway #100

City Pittsburgh	State PA	Zip Code 15090
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
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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
07	/	17	/	2012

Transaction ID : C5315227

Amount of Each Receipt this Period

100.00

B. Simon A Arias
Full Name (Last, First, Middle Initial)
Mailing Address 12330 Perry Highway #100

City Pittsburgh	State PA	Zip Code 15090
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
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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
07	/	17	/	2012

Transaction ID : C5315228

Amount of Each Receipt this Period

100.00

C. Simon A Arias
Full Name (Last, First, Middle Initial)
Mailing Address 12330 Perry Highway #100

City Pittsburgh	State PA	Zip Code 15090
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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
07	/	17	/	2012

Transaction ID : C5315229

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 11 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 3217 E Tonto Ln

City Phoenix State AZ Zip Code 85050

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5312595

Amount of Each Receipt this Period
200.00

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. **C**

Name of Employer Local 4873 Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : C5193678

Amount of Each Receipt this Period
100.00

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

Mailing Address 1103 N 25TH ST

City OZARK State MO Zip Code 65721

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5319249

Amount of Each Receipt this Period
100.00

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 12 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. JAMES BAILEY
Full Name (Last, First, Middle Initial)
Mailing Address 1103 N 25TH ST

City OZARK	State MO	Zip Code 65721
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5319250

Amount of Each Receipt this Period
100.00

B. JAMES BAILEY
Full Name (Last, First, Middle Initial)
Mailing Address 1103 N 25TH ST

City OZARK	State MO	Zip Code 65721
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5319251

Amount of Each Receipt this Period
100.00

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 ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

Transaction ID : C5193672

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 13 OF 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Yaroslav Bitman
Full Name (Last, First, Middle Initial)
Mailing Address 4704 Saratoga Falls Ln
City Raleigh State NC Zip Code 27614
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
07 / 17 / 2012
Transaction ID : C5312693
Amount of Each Receipt this Period
100.00

B. Yaroslav Bitman
Full Name (Last, First, Middle Initial)
Mailing Address 4704 Saratoga Falls Ln
City Raleigh State NC Zip Code 27614
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
07 / 17 / 2012
Transaction ID : C5312694
Amount of Each Receipt this Period
100.00

C. Yaroslav Bitman
Full Name (Last, First, Middle Initial)
Mailing Address 4704 Saratoga Falls Ln
City Raleigh State NC Zip Code 27614
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
07 / 17 / 2012
Transaction ID : C5312695
Amount of Each Receipt this Period
100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 86
	<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

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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. David E Blaisdell		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : C5312982
Mailing Address 537 Hogan Branch Rd		Amount of Each Receipt this Period 120.00
City Goodlettsville	State TN	Zip Code 37072
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 ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Paul Bohelski		Date of Receipt MM / DD / YYYY 07 / 16 / 2012 Transaction ID : C5299560
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 30.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	Occupation Senior Int'l Rep.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. John Brenton IV		Date of Receipt MM / DD / YYYY 07 / 03 / 2012 Transaction ID : C5193666
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C	Name of Employer Local 4873	Occupation Sec.-Treas.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.50	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. John Brenton IV		Date of Receipt MM / DD / YYYY 07 / 03 / 2012 Transaction ID : C5193675
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer Local 4873	Occupation Sec.-Treas.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.50	

Full Name (Last, First, Middle Initial) B. Juliet Casey		Date of Receipt MM / DD / YYYY 07 / 16 / 2012 Transaction ID : C5299561
Mailing Address 1015 Howard Grove Ct		Amount of Each Receipt this Period 30.00
City Davidsonville	State MD	Zip Code 21035-1246
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU S-T's Office	Occupation ASSIST. TO ST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. SAMANTHA X CHUI		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : C5316254
Mailing Address 2327 TALLAPOOSA DR		Amount of Each Receipt this Period 100.00
City DULUTH	State GA	Zip Code 30097
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
OPEIU JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code
 DULUTH GA 30097

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

Name of Employer Occupation
 National Income Life Insurance 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
 07 / 17 / 2012

Transaction ID : C5316255

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code
 DULUTH GA 30097

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

Name of Employer Occupation
 National Income Life Insurance 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
 07 / 17 / 2012

Transaction ID : C5316256

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Eric L Cochran

Mailing Address 705 Se Brick

City State Zip Code
 Bondurant IA 50131

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314428

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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Eric L Cochran
Full Name (Last, First, Middle Initial)

Mailing Address 705 Se Brick

City Bondurant State IA Zip Code 50131

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314429

Amount of Each Receipt this Period
100.00

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
 07 / 17 / 2012

Transaction ID : C5313041

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
 07 / 17 / 2012

Transaction ID : C5313042

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **400.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 86
<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)
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 / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5313043

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
07 / 17 / 2012

Transaction ID : C5314281

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
07 / 17 / 2012

Transaction ID : C5314282

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 86
	<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)
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	State	Zip Code
Los Angeles	CA	90036

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

Name of Employer	Occupation
American Income Life Ins.	Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5314283

Amount of Each Receipt this Period

150.00

B. BRANDON C COOLEY
Full Name (Last, First, Middle Initial)

Mailing Address 4140 N CENTRAL AVE #600

City	State	Zip Code
PHOENIX	AZ	85012

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

Name of Employer	Occupation
National Income Life Insurance	Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **402.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5315864

Amount of Each Receipt this Period

100.00

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

Mailing Address 4140 N CENTRAL AVE #600

City	State	Zip Code
PHOENIX	AZ	85012

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

Name of Employer	Occupation
National Income Life Insurance	Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **402.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5315865

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 86
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. BRANDON C COOLEY
Full Name (Last, First, Middle Initial)

Mailing Address 4140 N CENTRAL AVE #600

City PHOENIX	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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 ▼
402.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5315866

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
07	/	17	/	2012

Transaction ID : C5314457

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
07	/	17	/	2012

Transaction ID : C5314458

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 21 OF 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OPEIU JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 15 Morning Breeze Ct

City State Zip Code
Silver Springs MD 20904

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
07 / 17 / 2012
Transaction ID : C5314459

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 61115

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

Name of Employer Occupation
AMERICAN INCOME LIFE INSURANCE Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
07 / 17 / 2012
Transaction ID : C5312964

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. Cara A Defiore

Mailing Address 4624 Terrang Trl

City State Zip Code
Machesney Park IL 61115

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

Name of Employer Occupation
AMERICAN INCOME LIFE INSURANCE Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
07 / 17 / 2012
Transaction ID : C5312965

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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 86
	<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)
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		M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012
City	State	Zip Code
Machesney Park	IL	61115
FEC ID number of contributing federal political committee.		Transaction ID : C5312966
C		Amount of Each Receipt this Period
		40.00
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) ▼	240.00	

Full Name (Last, First, Middle Initial) B. Steven J DiCHIARO		Date of Receipt
Mailing Address 3337 Grenache St		M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012
City	State	Zip Code
Greeley	CO	80634
FEC ID number of contributing federal political committee.		Transaction ID : C5312704
C		Amount of Each Receipt this Period
		300.00
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) ▼	900.00	

Full Name (Last, First, Middle Initial) C. Joseph Diecedue Iii		Date of Receipt
Mailing Address 36146 Bluff Meadows Dr		M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012
City	State	Zip Code
Prairieville	LA	70769
FEC ID number of contributing federal political committee.		Transaction ID : C5314261
C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Joseph Diecedue Iii		Date of Receipt MM / DD / YYYY 07 / 17 / 2012
Mailing Address 36146 Bluff Meadows Dr		Transaction ID : C5314262
City Prairieville	State LA	Zip Code 70769
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Joseph Diecedue Iii		Date of Receipt MM / DD / YYYY 07 / 17 / 2012
Mailing Address 36146 Bluff Meadows Dr		Transaction ID : C5314263
City Prairieville	State LA	Zip Code 70769
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Cindy Diehm		Date of Receipt MM / DD / YYYY 07 / 03 / 2012
Mailing Address 2222 Bull Street Suite 200		Transaction ID : C5193676
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 645.00	

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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Desi Dimitrova		Date of Receipt
Mailing Address 15206 Jupiter St		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Whittier	State CA	Zip Code 90603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5313407
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
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"/>		

Full Name (Last, First, Middle Initial) B. Desi Dimitrova		Date of Receipt
Mailing Address 15206 Jupiter St		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Whittier	State CA	Zip Code 90603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5313408
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
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"/>		

Full Name (Last, First, Middle Initial) C. Desi Dimitrova		Date of Receipt
Mailing Address 15206 Jupiter St		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Whittier	State CA	Zip Code 90603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C5313409
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="100.00"/>
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"/>		

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 25 OF 86
	<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

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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Timothy Farr
Full Name (Last, First, Middle Initial)

Mailing Address 43107 Ryegate St

City Canton State MI Zip Code 48187

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5312818

Amount of Each Receipt this Period
260.00

B. Laura Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 44 Black Bear Dr #1228

City Waltham State MA Zip Code 02451

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
 07 / 17 / 2012

Transaction ID : C5318868

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

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
 07 / 17 / 2012

Transaction ID : C5318869

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **460.00**

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 26 OF 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Laura Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 44 Black Bear Dr #1228

City Waltham	State MA	Zip Code 02451
-----------------	-------------	-------------------

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
07	/	17	/	2012

Transaction ID : C5318870

Amount of Each Receipt this Period

100.00

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

Mailing Address 4071 Port Chicago Hwy St 200

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5313087

Amount of Each Receipt this Period

200.00

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

Mailing Address 4071 Port Chicago Hwy St 200

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5313088

Amount of Each Receipt this Period

200.00

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 27 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 4071 Port Chicago Hwy St 200

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5313089

Amount of Each Receipt this Period
200.00

B. Susan Fuldauer
Full Name (Last, First, Middle Initial)

Mailing Address 7229 Kingman Cir

City Indianapolis	State IN	Zip Code 46256
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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5312678

Amount of Each Receipt this Period
330.00

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

Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314287

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	680.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Cindy Furer
Full Name (Last, First, Middle Initial)

Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314288

Amount of Each Receipt this Period

150.00

B. Cindy Furer
Full Name (Last, First, Middle Initial)

Mailing Address 5703 Oberlin Dr Suite 106

City San Diego	State CA	Zip Code 92121
-------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314289

Amount of Each Receipt this Period

150.00

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

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
07	/	17	/	2012

Transaction ID : C5319458

Amount of Each Receipt this Period

400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

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

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
07 / 17 / 2012

Transaction ID : C5319459

Amount of Each Receipt this Period
400.00

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

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
07 / 17 / 2012

Transaction ID : C5319460

Amount of Each Receipt this Period
400.00

C. Arthur J Greene
Full Name (Last, First, Middle Initial)

Mailing Address 277 Oak Ridge Dr

City Pontiac	State MI	Zip Code 48341
-----------------	-------------	-------------------

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
07 / 17 / 2012

Transaction ID : C5315631

Amount of Each Receipt this Period
100.00

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 30 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Arthur J Greene
Full Name (Last, First, Middle Initial)

Mailing Address 277 Oak Ridge Dr

City Pontiac State MI Zip Code 48341

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
 07 / 17 / 2012

Transaction ID : C5315632

Amount of Each Receipt this Period
100.00

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

Mailing Address 277 Oak Ridge Dr

City Pontiac State MI Zip Code 48341

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
 07 / 17 / 2012

Transaction ID : C5315636

Amount of Each Receipt this Period
100.00

C. 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5312961

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **500.00**

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

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

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

FOR LINE NUMBER: PAGE 31 OF 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
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 State Zip Code
 The Woodlands TX 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERICAN INCOME LIFE INSURANCE Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : C5312962
 Amount of Each Receipt this Period
 300.00

B. Steven K Greer
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Nocturne Woods Pl
 City State Zip Code
 The Woodlands TX 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERICAN INCOME LIFE INSURANCE Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : C5312963
 Amount of Each Receipt this Period
 300.00

C. Kelly Gschwend
 Full Name (Last, First, Middle Initial)
 Mailing Address 621 Sequoia St
 City State Zip Code
 Brentwood CA 94513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LOCAL 29 ORGANIZER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2012
Transaction ID : C5245941
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 640.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. RONALD J GURNEY JR
Full Name (Last, First, Middle Initial)
Mailing Address 5 WILDERFIELD CT

City LUTHERVILLE	State MD	Zip Code 21093
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 ▼ 300.00	

Date of Receipt
07 / 17 / 2012
Transaction ID : C5318980
Amount of Each Receipt this Period
100.00

B. RONALD J GURNEY JR
Full Name (Last, First, Middle Initial)
Mailing Address 5 WILDERFIELD CT

City LUTHERVILLE	State MD	Zip Code 21093
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 ▼ 300.00	

Date of Receipt
07 / 17 / 2012
Transaction ID : C5318981
Amount of Each Receipt this Period
100.00

C. RONALD J GURNEY JR
Full Name (Last, First, Middle Initial)
Mailing Address 5 WILDERFIELD CT

City LUTHERVILLE	State MD	Zip Code 21093
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 ▼ 300.00	

Date of Receipt
07 / 17 / 2012
Transaction ID : C5318982
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 33 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. FREDERICK HADAYIA JR
Full Name (Last, First, Middle Initial)

Mailing Address 1250 GERMANTOWN PIKE #200

City PLYMOUTH MEETING	State PA	Zip Code 19462
--------------------------	-------------	-------------------

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 ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5319763

Amount of Each Receipt this Period

300.00

B. FREDERICK HADAYIA JR
Full Name (Last, First, Middle Initial)

Mailing Address 1250 GERMANTOWN PIKE #200

City PLYMOUTH MEETING	State PA	Zip Code 19462
--------------------------	-------------	-------------------

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 ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5319764

Amount of Each Receipt this Period

300.00

C. FREDERICK HADAYIA JR
Full Name (Last, First, Middle Initial)

Mailing Address 1250 GERMANTOWN PIKE #200

City PLYMOUTH MEETING	State PA	Zip Code 19462
--------------------------	-------------	-------------------

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 ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5319765

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 34 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Mark Hancock		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fishers	IN	46038
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AMERICAN INCOME LIFE INS. CO.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	
		Transaction ID : C5312634
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) B. Mark Hancock		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fishers	IN	46038
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AMERICAN INCOME LIFE INS. CO.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	
		Transaction ID : C5312635
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) C. Mark Hancock		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fishers	IN	46038
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AMERICAN INCOME LIFE INS. CO.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	
		Transaction ID : C5312636
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
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 35 OF 86
	<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

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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Jeremy P Harbin
Full Name (Last, First, Middle Initial)

Mailing Address 2209 Cahokia Dr

City Springfield State IL Zip Code 62702

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 ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5313690

Amount of Each Receipt this Period
 100.00

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

Mailing Address PO Box 208

City Waco State TX Zip Code 76703-0208

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

Name of Employer National 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
 07 / 17 / 2012

Transaction ID : C5320267

Amount of Each Receipt this Period
 300.00

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314583

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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 86
	<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

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)
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 **07 / 17 / 2012**
Transaction ID : C5314584
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 **07 / 17 / 2012**
Transaction ID : C5314585
Amount of Each Receipt this Period **250.00**

C. Billie Faye Headrick
Full Name (Last, First, Middle Initial)
Mailing Address 3935 Hamill Rd
City Hixson State TN Zip Code 37343-3516
FEC ID number of contributing federal political committee. **C**
Name of Employer OPEIU Occupation Representative
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 16 / 2012**
Transaction ID : C5299564
Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **540.00**
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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. William D Heath
Full Name (Last, First, Middle Initial)
Mailing Address 811 S Pine St
City Champaign State IL Zip Code 61820
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2012
Transaction ID : C5314228
Amount of Each Receipt this Period
50.00

B. William D Heath
Full Name (Last, First, Middle Initial)
Mailing Address 811 S Pine St
City Champaign State IL Zip Code 61820
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2012
Transaction ID : C5314229
Amount of Each Receipt this Period
50.00

C. William D Heath
Full Name (Last, First, Middle Initial)
Mailing Address 811 S Pine St
City Champaign State IL Zip Code 61820
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Ins. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2012
Transaction ID : C5314230
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 38 OF 86
	<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)
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
 07 / 17 / 2012
Transaction ID : C5314305
 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
 07 / 17 / 2012
Transaction ID : C5314306
 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
 07 / 17 / 2012
Transaction ID : C5314307
 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 39 OF 86
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
OPEIU JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 1918 E LAFAYETTE PL #608

City State Zip Code
MILWAUKEE WI 53202

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

Name of Employer Occupation
National Income Life 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
 07 / 17 / 2012

Transaction ID : C5320135

Amount of Each Receipt this Period
100.00

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

Mailing Address 1918 E LAFAYETTE PL #608

City State Zip Code
MILWAUKEE WI 53202

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

Name of Employer Occupation
National Income Life 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
 07 / 17 / 2012

Transaction ID : C5320136

Amount of Each Receipt this Period
100.00

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

Mailing Address 1918 E LAFAYETTE PL #608

City State Zip Code
MILWAUKEE WI 53202

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

Name of Employer Occupation
National Income Life 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
 07 / 17 / 2012

Transaction ID : C5320137

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Matthew P Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

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
 07 / 17 / 2012

Transaction ID : C5314264

Amount of Each Receipt this Period
100.00

B. Matthew P Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

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
 07 / 17 / 2012

Transaction ID : C5314265

Amount of Each Receipt this Period
100.00

C. Matthew P Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

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
 07 / 17 / 2012

Transaction ID : C5314266

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. John W Jatoft		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : C5312652
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	
Zip Code 94520	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1200.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John W Jatoft		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : C5312653
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	
Zip Code 94520	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1200.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John W Jatoft		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : C5312654
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	
Zip Code 94520	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1200.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 42 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. HORACE W JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 STONEWALL CT
 City SUMMERVILLE State SC Zip Code 29483
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : C5319890
 Amount of Each Receipt this Period
 100.00

B. HORACE W JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 STONEWALL CT
 City SUMMERVILLE State SC Zip Code 29483
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : C5319891
 Amount of Each Receipt this Period
 100.00

C. HORACE W JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 STONEWALL CT
 City SUMMERVILLE State SC Zip Code 29483
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : C5319892
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. Theatla Jones

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

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

Name of Employer OPEIU, Local #4873 Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : C5193679

Amount of Each Receipt this Period
100.00

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

Mailing Address 4526 WIMBLETON WAY

City KALAMAZOO State MI Zip Code 49009

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 ▼ **308.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5316645

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Theresa L. Kandt

Mailing Address 66755 Powell Rd

City Washington State MI Zip Code 48095

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

Name of Employer LOCAL 42 Occupation Sec-Treas./Bus. Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : C5299525

Amount of Each Receipt this Period
40.00

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 44 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Scott A Keeney			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2012
Mailing Address 2185 South Queen St			Transaction ID : C5314551
City York	State PA	Zip Code 17402	Amount of Each Receipt this Period -200.00
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 ▼ -1600.00		

Full Name (Last, First, Middle Initial) B. Scott A Keeney			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2012
Mailing Address 2185 South Queen St			Transaction ID : C5314552
City York	State PA	Zip Code 17402	Amount of Each Receipt this Period 200.00
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 ▼ -1600.00		

Full Name (Last, First, Middle Initial) C. Scott A Keeney			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2012
Mailing Address 2185 South Queen St			Transaction ID : C5314553
City York	State PA	Zip Code 17402	Amount of Each Receipt this Period 200.00
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 ▼ -1600.00		

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 45 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Scott A Keeney
Full Name (Last, First, Middle Initial)

Mailing Address 2185 South Queen St

City York State PA Zip Code 17402

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 ▼ -1600.00

Date of Receipt 07 / 17 / 2012
Transaction ID : C5314556

Amount of Each Receipt this Period -800.00

B. Susan M Kelleher
Full Name (Last, First, Middle Initial)

Mailing Address 97 Bennington St

City Springfield State MA Zip Code 01108

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 ▼ 536.62

Date of Receipt 07 / 17 / 2012
Transaction ID : C5314232

Amount of Each Receipt this Period 76.66

C. Susan M Kelleher
Full Name (Last, First, Middle Initial)

Mailing Address 97 Bennington St

City Springfield State MA Zip Code 01108

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 ▼ 536.62

Date of Receipt 07 / 17 / 2012
Transaction ID : C5318882

Amount of Each Receipt this Period 229.98

SUBTOTAL of Receipts This Page (optional)..... ▶ -493.36

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Terry Keller
Full Name (Last, First, Middle Initial)

Mailing Address 1137 Wlper St
Apt 26

City Hayward State CA Zip Code 94541-6768

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

Name of Employer LOCAL 29 Occupation Business Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
07 / 10 / 2012
Transaction ID : C5245938

Amount of Each Receipt this Period
40.00

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

Mailing Address 6225 Starwood Way

City Rockville State MD Zip Code 20852-3530

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

Name of Employer OPEIU Occupation Dir. Organ. & Field Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
07 / 16 / 2012
Transaction ID : C5299567

Amount of Each Receipt this Period
38.46

C. 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 National Income Life Insurance Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 17 / 2012
Transaction ID : C5318898

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

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

Mailing Address 27 TYLER RD

City	State	Zip Code
LEXINGTON	MA	02420

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

Name of Employer	Occupation
National Income Life Insurance	Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5318899

Amount of Each Receipt this Period

100.00

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

Mailing Address 27 TYLER RD

City	State	Zip Code
LEXINGTON	MA	02420

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

Name of Employer	Occupation
National Income Life Insurance	Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5318900

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)
C. Samuel G Lasala

Mailing Address 221 Timberline Dr

City	State	Zip Code
Madison	MS	39110

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
07		17		2012

Transaction ID : C5314267

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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Samuel G Lasala
Full Name (Last, First, Middle Initial)

Mailing Address 221 Timberline Dr

City Madison	State MS	Zip Code 39110
-----------------	-------------	-------------------

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
07	/	17	/	2012

Transaction ID : C5314268

Amount of Each Receipt this Period

100.00

B. Samuel G Lasala
Full Name (Last, First, Middle Initial)

Mailing Address 221 Timberline Dr

City Madison	State MS	Zip Code 39110
-----------------	-------------	-------------------

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
07	/	17	/	2012

Transaction ID : C5314269

Amount of Each Receipt this Period

100.00

C. Michael A Libassi
Full Name (Last, First, Middle Initial)

Mailing Address 2532 Baneberry Ln #713

City Indianapolis	State IN	Zip Code 46268
----------------------	-------------	-------------------

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
07	/	17	/	2012

Transaction ID : C5314270

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 49 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Michael A Libassi
Full Name (Last, First, Middle Initial)

Mailing Address 2532 Baneberry Ln #713

City Indianapolis State IN Zip Code 46268

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
07 / 17 / 2012

Transaction ID : C5314271

Amount of Each Receipt this Period
100.00

B. Michael A Libassi
Full Name (Last, First, Middle Initial)

Mailing Address 2532 Baneberry Ln #713

City Indianapolis State IN Zip Code 46268

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
07 / 17 / 2012

Transaction ID : C5314272

Amount of Each Receipt this Period
100.00

C. Sabrina N Lloyd
Full Name (Last, First, Middle Initial)

Mailing Address 1565 Palisades Ln

City Hoffman Estates State IL Zip Code 60192

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
07 / 17 / 2012

Transaction ID : C5314430

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 50 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Sabrina N Lloyd
Full Name (Last, First, Middle Initial)
Mailing Address 1565 Palisades Ln
City Hoffman Estates State IL Zip Code 60192
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 07 / 17 / 2012
Transaction ID : C5314431
Amount of Each Receipt this Period 100.00

B. Sabrina N Lloyd
Full Name (Last, First, Middle Initial)
Mailing Address 1565 Palisades Ln
City Hoffman Estates State IL Zip Code 60192
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 07 / 17 / 2012
Transaction ID : C5314432
Amount of Each Receipt this Period 100.00

C. Joseph Marutiak
Full Name (Last, First, Middle Initial)
Mailing Address 838 Louisa Street, Suite A
City Lansing State MI Zip Code 48911
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2012
Transaction ID : C5299570
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 51 OF 86
	<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)
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	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5313093

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	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5313094

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

M M	/	D D	/	Y Y Y Y
07		17		2012

Transaction ID : C5313095

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 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. 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
07 / 17 / 2012
Transaction ID : C5312607

Amount of Each Receipt this Period
50.00

B. 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
07 / 17 / 2012
Transaction ID : C5312608

Amount of Each Receipt this Period
50.00

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
07 / 17 / 2012
Transaction ID : C5312609

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 53 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. JARED M MLINARICH
Full Name (Last, First, Middle Initial)

Mailing Address 9254 PINE WALK PASS

City LINDEN State MI Zip Code 48451

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5316655

Amount of Each Receipt this Period
 40.00

B. JARED M MLINARICH
Full Name (Last, First, Middle Initial)

Mailing Address 9254 PINE WALK PASS

City LINDEN State MI Zip Code 48451

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5316659

Amount of Each Receipt this Period
 40.00

C. JARED M MLINARICH
Full Name (Last, First, Middle Initial)

Mailing Address 9254 PINE WALK PASS

City LINDEN State MI Zip Code 48451

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5316660

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 54 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Travis P Moody
Full Name (Last, First, Middle Initial)

Mailing Address 625 Beecher St

City Louisville State KY Zip Code 40215

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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314450

Amount of Each Receipt this Period
 100.00

B. Joseph K Moore
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores State FL Zip Code 32118

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314405

Amount of Each Receipt this Period
 50.00

C. Joseph K Moore
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores State FL Zip Code 32118

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

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5314406

Amount of Each Receipt this Period
 50.00

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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Joseph K Moore
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City State Zip Code
Daytona Beach Shores FL 32118

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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314407

Amount of Each Receipt this Period
50.00

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

Mailing Address 1355 Woodside Dr

City State Zip Code
Arnold MO 63010

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 ▼
1800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314308

Amount of Each Receipt this Period
300.00

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

Mailing Address 1355 Woodside Dr

City State Zip Code
Arnold MO 63010

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 ▼
1800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314309

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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 86
	<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)
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
07 / 17 / 2012

Transaction ID : C5314310

Amount of Each Receipt this Period
300.00

B. Dorian S Oldham
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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
07 / 17 / 2012

Transaction ID : C5314491

Amount of Each Receipt this Period
100.00

C. Dorian S Oldham
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit State MO Zip Code 64064

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
07 / 17 / 2012

Transaction ID : C5314492

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 57 OF 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Dorian S Oldham
Full Name (Last, First, Middle Initial)
Mailing Address 3570 Ne Akin Blvd #1312

City Lees Summit	State MO	Zip Code 64064
---------------------	-------------	-------------------

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
 07 / 17 / 2012
Transaction ID : C5314493

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
 07 / 17 / 2012
Transaction ID : C5314582

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 National Income Life Insurance	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
 07 / 17 / 2012
Transaction ID : C5318594

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 58 OF 86
	<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)
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 National Income Life Insurance 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
 07 / 17 / 2012

Transaction ID : C5318595

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 National Income Life Insurance 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
 07 / 17 / 2012

Transaction ID : C5318596

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 ▼ 231.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C5312847

Amount of Each Receipt this Period
 192.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 992.92

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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Sheila Peacock
Full Name (Last, First, Middle Initial)
Mailing Address 1810 Buckingham Dr
City Pasadena State TX Zip Code 77504-5011
FEC ID number of contributing federal political committee. **C**
Name of Employer OPEIU Occupation Intl Rep
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 16 / 2012
Transaction ID : C5299574
Amount of Each Receipt this Period 38.46

B. FRANCISCO M PEREZ
Full Name (Last, First, Middle Initial)
Mailing Address 1 LEE AVE
City NORTH PROVIDENCE State RI Zip Code 02904
FEC ID number of contributing federal political committee. **C**
Name of Employer National Income Life Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 17 / 2012
Transaction ID : C5319865
Amount of Each Receipt this Period 100.00

C. FRANCISCO M PEREZ
Full Name (Last, First, Middle Initial)
Mailing Address 1 LEE AVE
City NORTH PROVIDENCE State RI Zip Code 02904
FEC ID number of contributing federal political committee. **C**
Name of Employer National Income Life Insurance Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 17 / 2012
Transaction ID : C5319866
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 238.46
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 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. FRANCISCO M PEREZ		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2012 Transaction ID : C5319867
Mailing Address 1 LEE AVE		Amount of Each Receipt this Period 100.00
City NORTH PROVIDENCE	State RI	Zip Code 02904
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Earnest T POWERS jr		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2012 Transaction ID : C5314765
Mailing Address 409 Hays Blvd		Amount of Each Receipt this Period 100.00
City Lexington	State KY	Zip Code 40509
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Earnest T POWERS jr		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2012 Transaction ID : C5314766
Mailing Address 409 Hays Blvd		Amount of Each Receipt this Period 100.00
City Lexington	State KY	Zip Code 40509
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 ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Earnest T POWERS jr
Full Name (Last, First, Middle Initial)

Mailing Address 409 Hays Blvd

City Lexington State KY Zip Code 40509

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 ▼ 300.00

Date of Receipt 07 / 17 / 2012

Transaction ID : C5314767

Amount of Each Receipt this Period 100.00

B. Suzanne Powroznick
Full Name (Last, First, Middle Initial)

Mailing Address 818 Appomattox St

City Hopewell State VA Zip Code 23860

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

Name of Employer CWA Local 2201 Occupation staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.88

Date of Receipt 07 / 10 / 2012

Transaction ID : C5278983

Amount of Each Receipt this Period 38.48

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

Mailing Address 43 VAN BUREN ST

City NEWARK State NJ Zip Code 07105

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 ▼ 300.00

Date of Receipt 07 / 17 / 2012

Transaction ID : C5319469

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 238.48

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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 43 VAN BUREN ST
City NEWARK State NJ Zip Code 07105
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 ▼ 300.00

Date of Receipt
07 / 17 / 2012
Transaction ID : C5319470
Amount of Each Receipt this Period
100.00

B. PHILIP PRATA
Full Name (Last, First, Middle Initial)
Mailing Address 43 VAN BUREN ST
City NEWARK State NJ Zip Code 07105
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 ▼ 300.00

Date of Receipt
07 / 17 / 2012
Transaction ID : C5319471
Amount of Each Receipt this Period
100.00

c. Scott J Rehberg
Full Name (Last, First, Middle Initial)
Mailing Address 1153 Thistle Ln
City Lebanon State OH Zip Code 45036
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
07 / 17 / 2012
Transaction ID : C5314233
Amount of Each Receipt this Period
80.00

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 63 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. Scott J Rehberg

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

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
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314234

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. Scott J Rehberg

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

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
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314235

Amount of Each Receipt this Period
80.00

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

Mailing Address 7154 West Farrand Rd

City Clio State MI Zip Code 48420

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

Name of Employer International Union UAW Occupation staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : C5193527

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **235.00**

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 64 OF 86
	<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)
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 07 / 17 / 2012
Transaction ID : C5314526
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 07 / 17 / 2012
Transaction ID : C5314527
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 07 / 17 / 2012
Transaction ID : C5314528
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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Tamara Rubyn
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 149

City Carmichael State CA Zip Code 95609-0149

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

Name of Employer LOCAL 29 Occupation President/Business Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2012

Transaction ID : C5245932

Amount of Each Receipt this Period
400.00

B. Paul D Rumbuc
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Magnoloia 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
07 / 17 / 2012

Transaction ID : C5312833

Amount of Each Receipt this Period
400.00

C. Paul D Rumbuc
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Magnoloia 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
07 / 17 / 2012

Transaction ID : C5312834

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... **840.00**

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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Paul D Rumbuc		Date of Receipt MM / DD / YYYY 07 / 17 / 2012
Mailing Address 3570 Magnolia Ct		Transaction ID : C5312835
City Oakland Township	State MI	Zip Code 48363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer American Income Life	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Patricia Sanchez		Date of Receipt MM / DD / YYYY 07 / 10 / 2012
Mailing Address PO Box 14841		Transaction ID : C5245936
City Oakland	State CA	Zip Code 94614-0841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer LOCAL 29	Occupation Secretary-Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. Aaron Sanders		Date of Receipt MM / DD / YYYY 07 / 16 / 2012
Mailing Address 464 Grand woods Dr		Transaction ID : C5299555
City Lansing	State MI	Zip Code 48917
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	690.00
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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Joe Serrano		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2012 Transaction ID : C5193674
Mailing Address 6070 Gateway E Suite 5006		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Robert E Shafer		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012 Transaction ID : C5315007
Mailing Address 33 Fairfield Pl		Amount of Each Receipt this Period 100.00
City Ft Thomas	State KY	Zip Code 41075
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Robert E Shafer		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012 Transaction ID : C5315008
Mailing Address 33 Fairfield Pl		Amount of Each Receipt this Period 100.00
City Ft Thomas	State KY	Zip Code 41075
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 ▼ 600.00	

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 68 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Robert E Shafer
Full Name (Last, First, Middle Initial)

Mailing Address 33 Fairfield Pl

City Ft Thomas State KY Zip Code 41075

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
07 / 17 / 2012
Transaction ID : C5315009

Amount of Each Receipt this Period
100.00

B. Donna Shaffer
Full Name (Last, First, Middle Initial)

Mailing Address 17609 N 8th Ave

City Phoenix State AZ Zip Code 85023-2604

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

Name of Employer OPEIU Occupation REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt
07 / 16 / 2012
Transaction ID : C5299579

Amount of Each Receipt this Period
38.48

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

Mailing Address 7700 Sqare Lake Blvd

City Jacksonville State FL Zip Code 32256

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
07 / 17 / 2012
Transaction ID : C5314698

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **238.48**

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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Elaina Sinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 Squire Lake Blvd
 City Jacksonville State FL Zip Code 32256
 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
 07 / 17 / 2012
Transaction ID : C5314699
 Amount of Each Receipt this Period
 100.00

B. Elaina Sinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 Squire Lake Blvd
 City Jacksonville State FL Zip Code 32256
 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
 07 / 17 / 2012
Transaction ID : C5314700
 Amount of Each Receipt this Period
 100.00

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
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : C5314239
 Amount of Each Receipt this Period
 80.00

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 70 OF 86
	<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)
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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314240

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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314241

Amount of Each Receipt this Period

80.00

C. Curt D Snow
Full Name (Last, First, Middle Initial)
Mailing Address 827 Buckingham Place

City Danville	State CA	Zip Code 94506
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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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314242

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 71 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Curt D Snow
Full Name (Last, First, Middle Initial)
Mailing Address 827 Buckingham Place

City Danville	State CA	Zip Code 94506
------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314243

Amount of Each Receipt this Period
80.00

B. Curt D Snow
Full Name (Last, First, Middle Initial)
Mailing Address 827 Buckingham Place

City Danville	State CA	Zip Code 94506
------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314244

Amount of Each Receipt this Period
80.00

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 M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314273

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)
A. Scott E Sonnenberg

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 M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314274

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Scott E Sonnenberg

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 M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314275

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. James M Surace

Mailing Address 12301 Ridge Rd

City Cleveland State OH Zip Code 44133

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2496.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5313114

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 73 OF 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. James M Surace		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012
Mailing Address 12301 Ridge Rd		Transaction ID : C5313115
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
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 ▼ 2496.00	

Full Name (Last, First, Middle Initial) B. James M Surace		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012
Mailing Address 12301 Ridge Rd		Transaction ID : C5313116
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
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 ▼ 2496.00	

Full Name (Last, First, Middle Initial) C. Randy E Teyssier		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012
Mailing Address 404 Jack Pine Ct		Transaction ID : C5315452
City Gibsonia	State PA	Zip Code 15044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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 ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	1032.00
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 74 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Randy E Teyssier			Date of Receipt
Mailing Address 404 Jack Pine Ct			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5315453
Gibsonia	PA	15044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
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="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Randy E Teyssier			Date of Receipt
Mailing Address 404 Jack Pine Ct			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5315454
Gibsonia	PA	15044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
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="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jeffery P Thiel			Date of Receipt
Mailing Address 1790 Westmeade Dr			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C5314486
Chesterfield	MO	63017	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 Ins.	Insurance 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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
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 75 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Jeffery P Thiel
Full Name (Last, First, Middle Initial)

Mailing Address 1790 Westmeade Dr

City Chesterfield State MO Zip Code 63017

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314487

Amount of Each Receipt this Period
100.00

B. Becky Turner
Full Name (Last, First, Middle Initial)

Mailing Address 704 Royal View Ct

City Weatherford State TX Zip Code 76086

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : C5299559

Amount of Each Receipt this Period
250.00

C. Dustin W Venekamp
Full Name (Last, First, Middle Initial)

Mailing Address 1004 Division St #301

City Billings State MT Zip Code 59101

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314276

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 86
<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Dustin W Venekamp
Full Name (Last, First, Middle Initial)

Mailing Address 1004 Division St #301

City	State	Zip Code
Billings	MT	59101

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314277

Amount of Each Receipt this Period
100.00

B. Rodney E Ward
Full Name (Last, First, Middle Initial)

Mailing Address 18944 Emit Rd

City	State	Zip Code
Brownstown	MI	48192

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

Name of Employer	Occupation
American Income Life	Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5312815

Amount of Each Receipt this Period
100.00

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

Mailing Address 1545 69th Ave

City	State	Zip Code
Oakland	CA	94621

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

Name of Employer	Occupation
OPEIU Local 29	Business Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2012

Transaction ID : C5245949

Amount of Each Receipt this Period
40.00

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 77 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Jeremy Welch
Full Name (Last, First, Middle Initial)

Mailing Address 2010 Rebsamen Park Rd #305

City Little Rock	State AR	Zip Code 72202
---------------------	-------------	-------------------

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
07		17		2012

Transaction ID : C5315090

Amount of Each Receipt this Period

100.00

B. Jeremy Welch
Full Name (Last, First, Middle Initial)

Mailing Address 2010 Rebsamen Park Rd #305

City Little Rock	State AR	Zip Code 72202
---------------------	-------------	-------------------

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
07		17		2012

Transaction ID : C5315091

Amount of Each Receipt this Period

100.00

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

Mailing Address 2010 Rebsamen Park Rd #305

City Little Rock	State AR	Zip Code 72202
---------------------	-------------	-------------------

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
07		17		2012

Transaction ID : C5315092

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 78 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Jacqueline K White-Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 W Olive Ave
 City Monrovia State CA Zip Code 91016-3410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OPEIU LOCAL 537 Occupation Sec.Treas./Bus. Mgr.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **310.00**

Date of Receipt **07 / 03 / 2012**
Transaction ID : C5193644
 Amount of Each Receipt this Period **50.00**

B. Robe Whittinghill
 Full Name (Last, First, Middle Initial)
 Mailing Address 5703 Oberlin Dr Suite 106
 City San Diego State CA Zip Code 92121
 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 **07 / 17 / 2012**
Transaction ID : C5314293
 Amount of Each Receipt this Period **150.00**

C. Robe Whittinghill
 Full Name (Last, First, Middle Initial)
 Mailing Address 5703 Oberlin Dr Suite 106
 City San Diego State CA Zip Code 92121
 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 **07 / 17 / 2012**
Transaction ID : C5314294
 Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional)..... **350.00**
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 79 OF 86
	<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

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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Robe Whittinghill
 Full Name (Last, First, Middle Initial)
 Mailing Address 5703 Oberlin Dr Suite 106
 City San Diego State CA Zip Code 92121
 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 M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : C5314295
 Amount of Each Receipt this Period
 150.00

B. Cynthia J Wilhelmi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 S Louise Ave #105
 City Sioux Falls State SD Zip Code 57106
 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
 07 / 17 / 2012
Transaction ID : C5314278
 Amount of Each Receipt this Period
 100.00

C. Cynthia J Wilhelmi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2912 S Louise Ave #105
 City Sioux Falls State SD Zip Code 57106
 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
 07 / 17 / 2012
Transaction ID : C5314279
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 80 OF 86
<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)
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 ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314280

Amount of Each Receipt this Period
100.00

B. 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 ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314299

Amount of Each Receipt this Period
200.00

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 ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5314300

Amount of Each Receipt this Period
200.00

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 81 OF 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) A. Tom Williams			Date of Receipt
Mailing Address 300 S Pine Island Rd Ste 308			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Plantation	State FL	Zip Code 33324	Transaction ID : C5314301
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>		

Full Name (Last, First, Middle Initial) B. Gevorg Yanukyan			Date of Receipt
Mailing Address 1112 E Maple Ave #1112			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Glendale	State CA	Zip Code 91205	Transaction ID : C5314347
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Ins.	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="600.00"/>		

Full Name (Last, First, Middle Initial) C. Gevorg Yanukyan			Date of Receipt
Mailing Address 1112 E Maple Ave #1112			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Glendale	State CA	Zip Code 91205	Transaction ID : C5314351
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Ins.	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="600.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. Gevorg Yanukyan
Full Name (Last, First, Middle Initial)

Mailing Address 1112 E Maple Ave #1112

City Glendale	State CA	Zip Code 91205
------------------	-------------	-------------------

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

Name of Employer American Income Life Ins.	Occupation Insurance Agent
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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
07	/	17	/	2012

Transaction ID : C5314352

Amount of Each Receipt this Period

100.00

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

Transaction ID : C5193677

Amount of Each Receipt this Period

50.00

C. David S Zophin
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 ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314302

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 83 OF 86
	<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)
OPEIU JB Moss Voice of the Electorate (VOTE)

A. David S Zophin
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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314303

Amount of Each Receipt this Period
200.00

B. David S Zophin
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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C5314304

Amount of Each Receipt this Period
200.00

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M 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).....▶	32859.44

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

Full Name (Last, First, Middle Initial)

A. Jerry McNerney

Mailing Address 6520 Village Parkway
2nd Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement
CA - 9th General

011

Candidate Name

Jerry McNerney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2012

Transaction ID : D286718

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOSE HERNANDEZ FOR CONGRESS

Mailing Address PO BOX 1667

City MODESTO State CA Zip Code 95353

Purpose of Disbursement
10th Congressional District-CA

011

Candidate Name

JOSE M HERNANDEZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2012

Transaction ID : D286717

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Kreitlow For Congress

Mailing Address 333 E Prairie View Road

City Chippewa Falls State WI Zip Code 54729

Purpose of Disbursement
WI - 07 District

011

Candidate Name

Patrick Kreitlow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2012

Transaction ID : D286721

Amount of Each Disbursement this Period

1000.00

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

3500.00

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)
OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. SCOTT PETERS FOR CONGRESS

Mailing Address 330 ENCINITAS BLVD., STE. 101

City ENCINITAS State CA Zip Code 92024

Purpose of Disbursement
52-Congressional District-CA

011

Category/
Type

Candidate Name

SCOTT PETERS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

Transaction ID : D286722

Amount of Each Disbursement this Period

1000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

4500.00

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

Full Name (Last, First, Middle Initial) A. Steven J DiCHIARO		Date of Disbursement MM / DD / YYYY 07 / 17 / 2012
Mailing Address 3337 Grenache St		Transaction ID : D288093
City Greeley	State CO	
Purpose of Disbursement Donor Refund	Candidate Name	Amount of Each Disbursement this Period 300.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Scott A Keeney		Date of Disbursement MM / DD / YYYY 07 / 17 / 2012
Mailing Address 2185 South Queen St		Transaction ID : D288090
City York	State PA	
Purpose of Disbursement Refund to Donor	Candidate Name	Amount of Each Disbursement this Period 1600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	1900.00