STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) [Cross] (Check if name is changed) Example: If typing, type over the lines. 12FE4M6

Workers' Voice

ADDRESS (number and street) 815 16th Street, NW

(Check if address is changed) Washington DC 20006

CITY STATE ZIP CODE

COMMITTEE’S E-MAIL ADDRESS (Please provide only one e-mail address)

(If typing, type over the lines.) kfarrell@aflcio.org

(Check if address is changed)

COMMITTEE’S WEB PAGE ADDRESS (URL)

(If typing, type over the lines.)

(Check if address is changed)

2. DATE 03 / 27 / 2012

3. FEC IDENTIFICATION NUMBER C00484287

4. IS THIS STATEMENT [Cross] NEW (N) OR [ ] AMENDED (A)

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

Type or Print Name of Treasurer Elizabeth H Shuler

Signature of Treasurer Elizabeth H Shuler [Electronically Filed] Date 03 / 27 / 2012

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.
5. TYPE OF COMMITTEE

Candidate Committee:

(a) □ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) □ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Office: [ ] House [ ] Senate [ ] President
Party Affiliation: [ ] State [ ] District

(c) □ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) □ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) □ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

 Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization [ ]
 Membership Organization [ ] Trade Association [ ] Cooperative [ ]

□ In addition, this committee is a Lobbyist/Registrant PAC.

(f) □ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

□ In addition, this committee is a Lobbyist/Registrant PAC.

□ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) □ This committee collects contributions, pays fundraising expenses and disburse net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) □ This committee collects contributions, pays fundraising expenses and disburse net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. ________________________________ FED ID number: C ________________________________
2. ________________________________ FED ID number: C ________________________________
3. ________________________________ FED ID number: C ________________________________
4. ________________________________ FED ID number: C ________________________________
Workers' Voice

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
<th>Title or Position</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly C Farrell</td>
<td>815 16th Street, NW</td>
<td>PAC Administrator</td>
<td>Connected Organization</td>
</tr>
</tbody>
</table>

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Title or Position</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly C Farrell</td>
<td>815 16th Street, NW</td>
<td>Washington</td>
<td>DC</td>
<td>20006</td>
</tr>
</tbody>
</table>

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Title or Position</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth H Shuler</td>
<td>815 16th Street, NW</td>
<td>Treasurer</td>
<td>DC</td>
<td>20006</td>
</tr>
</tbody>
</table>
### Full Name of Designated Agent
- Michael Podhorzer

### Mailing Address
- 815 16th Street, NW
- Washington, DC 20006

### Title or Position
- Asst Treasurer

### Telephone Number
- 202-637-5104

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#### 9. Banks or Other Depositories
List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

- **Amalgamated Bank of Chicago**
  - Mailing Address: One West Monroe
  - Chicago, IL 60603

- Name of Bank, Depository, etc.

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- **Amalgamated Bank of Chicago**
  - Mailing Address: One West Monroe
  - Chicago, IL 60603

- Name of Bank, Depository, etc.