

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form	1 Filer ID (Ethics Commission filers)	2 Total pages filed:
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3 COMMITTEE NAME	Workers' Voice	OFFICE USE ONLY
4 COMMITTEE ADDRESS	ADDRESS / PO BOX APT/SUITE # CITY STATE ZIP CODE 815 16th St., NW Washington DC 20006	Date Received 10/26/2015
<input type="checkbox"/> Change of address		Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Ms. Elizabeth H ----- NICKNAME LAST SUFFIX Shuler	Receipt # Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER'S STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 815 16th St., NW Washington DC 20006
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7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE Washington DC 20006
<input type="checkbox"/> Change of Address	

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE # EXTENSION (202) 637-5126
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9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (attach PAC-DR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit								
<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (attach PAC-DR)								
	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination								

10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="text-align: center;"> Month Day Year 9/25/2015 </td> <td style="text-align: center;"> THROUGH </td> <td style="text-align: center;"> Month Day Year 10/24/2015 </td> </tr> </table>	Month Day Year 9/25/2015	THROUGH	Month Day Year 10/24/2015
Month Day Year 9/25/2015	THROUGH	Month Day Year 10/24/2015		

11 ELECTION	ELECTION DATE Month Day Year 11/3/2015	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME **Workers' Voice** 13 Filer ID (Ethics Commission filers)

14 COMMITTEE PURPOSE (Attached lists on plain paper to complete this report if necessary) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Sylvester Turner
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Mayor /
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE
		DESCRIPTION

15 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$26,766.80
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$13,725.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Elizabeth Shuler

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - SPAC**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME Workers' Voice		18 Filer ID (Ethics Commission filers)
19 SCHEDULE SUBTOTALS		SUBTOTAL
NAME OF SCHEDULE		AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$13,275.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \$13,488.22
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ \$-
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ \$-
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ \$3.58
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATIONS OR LABOR ORGANIZATION	\$ \$-
7.	SCHEDULE E: LOANS	\$ \$-
8.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ \$13,725.00
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \$-
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ \$-
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$-
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ \$-
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$-
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ \$-

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME Sylvester Turner

3 Filer ID (Ethics Commission filers)

4 Date

5 Full name of contributor

 out of state PAC(ID# C00484287)

Workers' Voice

7 Amount of contributions (\$)

9/25/2015

6 Contributor address;

City;

State;

Zip Code

Washington DC 20006

13725.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements**

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A2:

2 FILER NAME Sylvester Turner 3 Filer ID (Ethics Commission filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$\$13,488.22

5	Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID# C00488486) COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES <hr style="border-top: 1px dashed black;"/> 7 Contributor address; City; State; Zip Code Washington DC 20001	8	Amount of contributions (\$) 899.21	9 In-Kind contribution description Inkind Staff
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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5	Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID# C00488486) COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES <hr style="border-top: 1px dashed black;"/> 7 Contributor address; City; State; Zip Code Washington DC 20001	8	Amount of contributions (\$) \$1,798.43	9 In-Kind contribution description Inkind Staff
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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5	Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID# C00488486) COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES <hr style="border-top: 1px dashed black;"/> 7 Contributor address; City; State; Zip Code Washington DC 20001	8	Amount of contributions (\$) 1798.43	9 In-Kind contribution description Inkind Staff
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A2:

2 FILER NAME Sylvester Turner 3 Filer ID (Ethics Commission filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$\$13,488.22

5	Date 10/16/2015	6 Full name of contributor COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES <hr style="border-top: 1px dashed black;"/> 7 Contributor address; City; State; Zip Code Washington DC 20001	out of state PAC(ID# C00488486) 8 Amount of contributions (\$) 1198.95	9 In-Kind contribution description Inkind Staff <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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5	Date 10/16/2015	6 Full name of contributor COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES <hr style="border-top: 1px dashed black;"/> 7 Contributor address; City; State; Zip Code Washington DC 20001	out of state PAC(ID# C00488486) 8 Amount of contributions (\$) 599.48	9 In-Kind contribution description Inkind Staff <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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5	Date 10/17/2015	6 Full name of contributor COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES <hr style="border-top: 1px dashed black;"/> 7 Contributor address; City; State; Zip Code Washington DC 20001	out of state PAC(ID# C00488486) 8 Amount of contributions (\$) 1798.43	9 In-Kind contribution description Inkind Staff <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A2:

2 FILER NAME Sylvester Turner 3 Filer ID (Ethics Commission filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$\$13,488.22

5	Date 10/21/2015	6 Full name of contributor COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES 7 Contributor address; City; State; Zip Code Washington DC 20001	out of state PAC(ID# C00488486)	8 Amount of contributions (\$) 1798.43	9 In-Kind contribution description Inkind Staff	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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5	Date 10/22/2015	6 Full name of contributor COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES 7 Contributor address; City; State; Zip Code Washington DC 20001	out of state PAC(ID# C00488486)	8 Amount of contributions (\$) 1798.43	9 In-Kind contribution description Inkind Staff	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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5	Date 10/23/2015	6 Full name of contributor COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES 7 Contributor address; City; State; Zip Code Washington DC 20001	out of state PAC(ID# C00488486)	8 Amount of contributions (\$) 1798.43	9 In-Kind contribution description Inkind Staff	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule C2:
2 FILER NAME Sylvester Turner		3	Filer ID (Ethics Commission filers)
4 Date	5 Corporation/Labor Organization name AFL-CIO	7	Amount of contribution (\$)
10/16/2015	6 Corporation/Labor Organization address; City; State Zip Code Washington DC 20006		3.58
			8. In-kind contribution description (if applicable) Inkind Staff
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner		3 Filer ID (Ethics Commission filers)
4 Date 10/21/2015	5 Payee name Mosaic		
6 Amount (\$) 3,600.00	7 Payee address; City; State; Zip Code 4801 Viewpoint Place Cheverly MD 20781		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor	office held

4 Date 10/21/2015	5 Payee name Mosaic		
6 Amount (\$) 1,800.00	7 Payee address; City; State; Zip Code 4801 Viewpoint Place Cheverly MD 20781		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor	office held

4 Date 10/21/2015	5 Payee name Mosaic		
6 Amount (\$) 2,400.00	7 Payee address; City; State; Zip Code 4801 Viewpoint Place Cheverly MD 20781		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor	office held
4 Date 10/20/2015	5 Payee name Mosaic		
6 Amount (\$) 180.00	7 Payee address; City; State; Zip Code 4801 Viewpoint Place Cheverly MD 20781		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor	office held

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner		3 Filer ID (Ethics Commission filers)
4 Date 10/17/2015	5 Payee name Mosaic		
6 Amount (\$) 180.00	7 Payee address; City; State; Zip Code 4801 Viewpoint Place Cheverly MD 20781		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers	
	9 Complete ONLY if direct expendituree to benefit C/OH		
	Candidate / Officeholder name Sylvester Turner	office sought Mayor	office held

4 Date 10/17/2015	5 Payee name Mosaic		
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 4801 Viewpoint Place Cheverly MD 20781		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers	
	9 Complete ONLY if direct expendituree to benefit C/OH		
	Candidate / Officeholder name Sylvester Turner	office sought Mayor	office held

4 Date 10/13/2015	5 Payee name Mosaic		
6 Amount (\$) 2,700.00	7 Payee address; City; State; Zip Code 4801 Viewpoint Place Cheverly MD 20781		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor	office held
4 Date 10/13/2015	5 Payee name Mosaic		
6 Amount (\$) 2,700.00	7 Payee address; City; State; Zip Code 4801 Viewpoint Place Cheverly MD 20781		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor	office held

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sylvester Turner		3 Filer ID (Ethics Commission filers)
4 Date 9/25/2015	5 Payee name Mosaic		
6 Amount (\$) 45.00	7 Payee address; City; State; Zip Code 4801 Viewpoint Place Cheverly MD 20781		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held Sylvester Turner Mayor		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC-DR

The instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Dissolution" ****

1 COMMITTEE NAME

2 ACCOUNT #

(Ethics Commission filers)

3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of campaign treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath