PAGE 1 / 13

Image# 201609199030967247

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other Than An A	Authorized Committe	е	Offi	ice Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M5	
PATRIOT VOICES F	PAC		1 1 1 1		
ADDRESS (number and street)	315 Foxtail Lane				
Check if different than previously reported. (ACC)	Spring City			PA 1	9475
2. FEC IDENTIFICATION	NUMBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00528307	3	. IS THIS N (N	EW N) OR	AMENE (A)	DED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	Mar 20 (M3) J	lay 20 (M5) un 20 (M6) ul 20 (M7)	Aug 20 (I	M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report	PRE-Election Report for the	Primary (12P) Convention (1		General (12G Special (12S)	
July 31 Mid-Year Report (Non-elec Year Only) (MY) Termination Report (TER)	POST-Electio Report for the	e:)	Runoff (30R)	Special (30S)
5. Covering Period		through	M = M 08	/ D D / Y	State of 2016
I certify that I have examined	I this Report and to the bes	t of my knowledge and b	elief it is tru	e, correct and cor	mplete.
Type or Print Name of Treasu	urer Nadine Maenza				
Signature of Treasurer No.	adine Maenza	[Electronically	Filed] D	ate 09	19 2016
NOTE: Submission of false, err	roneous, or incomplete inform	ation may subject the pers	on signing th	is Report to the pe	enalties of 2 U.S.C. §437g.
Office Use				F	FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name PATRIOT VOICES PAC 80 2016 08 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 9065.86 January 1, 2015 (b) Cash on Hand at 11432.69 Beginning of Reporting Period..... 1670.00 31658.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 40723.86 13102.69 6(a) and 6(c) for Column B)..... 8884.88 36506.05 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 4217.81 4217.81 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 43553.60 Schedule C and/or Schedule D) 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

PATRIOT VOICES PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	100.00	100.00	
(ii) Unitemized	75.00	970.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	175.00	1070.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	7		
(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)	175.00	1070.00	
Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
_		2.22	
All Loans Received	0.00	0.00	
	0.00	0.00	
Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)	0.00	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made			
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts		00500.00	
(Dividends, Interest, etc.)	1495.00	30588.00	
Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account	0.00	2.22	
(from Schedule H3)	0.00	0.00	
(b) Lovin Funds (from Schodulo US)	0.00	0.00	
(b) Levill Fullus (IIOIII Schedule Fis)	3133		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(b) Levin Funds (from Schedule H5)			
al Federal Receipts			
(subtract Line 18(c) from Line 19)▶	1670.00	31658.00	

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
 Operating Expenditures: — (a) Allocated Federal/Non-Federal 	2 2 2002	Talling Tour to Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	500.00	2400.46
Expenditures(c) Total Operating Expenditures	582.88	2198.10
(add 21(a)(i), (a)(ii), and (b))	582.88	2198.10
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)	3.00	0.00
. Loan Repayments Made	0.00	0.00
-	200	0.00
. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
That I dialogi committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Dishuraements	0202.00	34307.95
Other Disbursements	8302.00	34307.93
. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	3.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	200	2.22
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
35(3)(1) 4113 35(3))	7	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8884.88	36506.05
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	8884.88	36506.05

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	175.00	1070.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	175.00	1070.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	582.88	2198.10
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	582.88	2198.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

13

Detailed Summary Page 13 14 15 16 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) PATRIOT VOICES PAC Full Name (Last, First, Middle Initial) MARYJO L GALLO Date of Receipt Mailing Address 130 FIVE MILE RIVER ROAD 2016 08 16 City Zip Code State Transaction ID: SA11A.1076754 CT DARIEN 06820-6236 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation CONTRIBUTION RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General

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

FE6AN026

Other (specify)

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

100.00

100.00

S IT

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 13 (check only one)
			person for the purpose of soliciting contributions et to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	<u> </u>		
Full Name (Last, First, Middle Initial) A. MR. RAYMOND N. FINK			Date of Receipt
Mailing Address PO BOX 134			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WILLIAMSTON	State MI	Zip Code 48895-	Transaction ID : SA17.1076793
FEC ID number of contributing federal political committee.	С	10000	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation		Memo Item CONTRIBUTION
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial) B. MS. MARGARET L. PAYNE	<u> </u>		Date of Receipt
Mailing Address 181 HARWICH PL		7: 0 1	08 29 2016
City VALLEJO	State CA	Zip Code 94591-7857	Transaction ID : SA17.1076788 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer RETIRED	Occupation RETIRED		Memo Item CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 385.00	NON CONTRIBUTION ACCOUNT
Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]
SURTOTAL of Receipts This Page (options	51)		100.00

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

100.00

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)		by any perso	on for the purpose of soliciting contributions
PATRIOT VOICES PAC			
Full Name (Last, First, Middle Initial) A. CMDI Mailing Address 1593 SPRING HILL ROAD			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code VA 22182		Transaction ID : SB21B.I1536
Purpose of Disbursement PAC DATABASE MANAGEMENT & CONTRIBUTIO Candidate Name	ON PROCESSING	Category/ Type	Amount of Each Disbursement this Period 279.28
	nent For: Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) 3. NATIONBUILDER Mailing Address 520 S. GRAND AVENUE			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code CA 90071		Transaction ID : SB21B.I1537 Amount of Each Disbursement this Period
		Category/ Type	250.00 Memo Item
Full Name (Last, First, Middle Initial) C. PNC			Date of Disbursement
,	State Zip Code VA 22314		Transaction ID : SB21B.I1538 Amount of Each Disbursement this Period
		Category/ Type	Memo Item
SUBTOTAL of Disbursements This Page (optional)			581.28
TOTAL This Period (last page this line number only).		·····•	581.28

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 13	
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and address of any politice		South Continuations from Cuttinuation
PATRIOT VOICES PAC			
Full Name (Last, First, Middle Initial)			Data of Diahuraamant
A. BANK OF AMERICA			Date of Disbursement
Mailing Address 150 N. COLLEGE STREET			08 04 2016
,	State Zip Code NC 28202		Transaction ID : SB29.I1532
Purpose of Disbursement	20202		
PAC CREDIT CARD & MERCHANT FEES			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	142.99
Office Sought: House Disbursen	nent For:	1,700	Memo Item
	Primary General		NON CONTRIBUTION ACCOUNT
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
FIRSTMERIT BANK			Date of Disbursement
Mailing Address 295 FIRSTMERIT CIRCLE			08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code OH 44307		Transaction ID : SB29.l1535
Purpose of Disbursement	. 1007		
PAC BANK FEES Candidate Name			Amount of Each Disbursement this Period
Candidate marile		Category/ Type	105.97
Office Sought: House Disbursen			Memo Item
	Primary General Other (specify) ▼		NON CONTRIBUTION ACCOUNT
State: District:	Caron (apoonly)		
Full Name (Last, First, Middle Initial)			
C. INFOCISION			Date of Disbursement
Mailing Address 325 SPRINGSIDE DRIVE			08 03 2016
,	State Zip Code		Transaction ID : SB29.I1531
AKRON Purpose of Disbursement	OH 44333		Tanadatan D . ODESTISSI
PAC TELEMARKETING		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	8016.04
Office Sought: House Disbursen	nent For:	Туре	
	Primary General		Memo Item NON CONTRIBUTION ACCOUNT
	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			8265.00
TOTAL This Period (last page this line number only)			

tor each category of the busiled Summary Page 21b 22 23 24 25 29 28 29 29 29 27 28 28 29 29 28 29 29 29	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 13	
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) PATRIOT VOICES PAC Full Name (Last, First, Middle Initial) Amount of Each Disbursement Non Contributions from such committee. Disbursement State: Disbursement For: Primary General Other (specify) ▼ State: Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Penderal Other (specify) ▼ Mailing Address City State Zip Code Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Date of Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of Each Disbursement this Penderal Other (specify) ▼ Amount of E	ILEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26
NAME OF COMMITTEE (in Full) PATRIOT VOICES PAC Full Name (Last, First, Middle Initial) A USA AEPAY Mailing Address 4929 WILSHIRE BLVD SUITE 800 City LOS ANGELEL CA 90010 Purpose of Disbursement PAC CREDIT CARD & MERCHANT FEES Candidate Name Category/ Type Office Sought: House President Candidate Name Office Sought: House President Candidate Name Office Sought: House President Category/ Type Memoltem Non Contribursement this Peri Category/ Type Memoltem Date of Disbursement this Peri Category/ Type Memoltem Amount of Each Disbursement this Peri Category/ Type Memoltem Amount of Each Disbursement this Peri Category/ Type Memoltem Amount of Each Disbursement this Peri Category/ Type Memoltem Amount of Each Disbursement Category/ Type Memoltem State: District Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Memoltem Amount of Each Disbursement Category/ Type Memoltem Amount of Each Disbursement Category/ Type Memoltem Amount of Each Disbursement this Peri Memoltem State: District S				
Automated Disbursement Mailing Address Automated Disbursement PAC CREDIT CARD & MERCHANT FEES Candidate Name Category/ Type Disbursement President Candidate Name Candidate Name Category/ Type Disbursement President Candidate Name Category/ Type Disbursement President Candidate Name Category/ Type Memo Item NON CONTRIBUTION ACCOUNT District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Pericated Disbursement this Pericated Disbursement Candidate Name Category/ Type Memo Item Non Contribution Amount of Each Disbursement Category/ Type Memo Item Amount of Each Disbursement this Pericated Disbursement this Pericated Disbursement Candidate Name Category/ Type Office Sought: House Primary Ceneral Disbursement President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Pericated Disbursement For: Senate Primary Ceneral Other (specify) ▼ Date of Disbursement Candidate Name Category/ Type Memo Item Amount of Each Disbursement this Pericated Disbursement For: Category/ Type Memo Item Amount of Each Disbursement This Pericated Disbursement For: Senate Primary Ceneral Other (specify) ▼ State: District: Senate Primary Ceneral Other (specify) ▼ Date of Disbursement This Pericated Disbursement For: Senate Primary Ceneral Other (specify) ▼ Date of Disbursement This Pericated Disbursement For: Senate Primary Ceneral Other (specify) ▼ Date of Disbursement This Pericated Disbursement For: Senate Primary Ceneral Other (specify) ▼ Date of Disbursement This Pericated Disbursement For: Senate Primary Ceneral Other (specify) ▼ Date of Disbursement This Pericated Disbursement For: Senate Primary Ceneral Other (specify) ▼ Date of Disbursement This Pericated Disbursement For: Senate Primary Ceneral Other (specify) ▼ Date of Disbursement This Pericated Disbursement For: Senate Primary Ceneral Other (specify) ▼ Date of Disbursement This Pericated Disbursement For: Senate Primary Ceneral Other (specify)	NAME OF COMMITTEE (In Full)	The state of any pointed		
Mailing Address 4929 Wit SHIRE BLVD SUITE 800 City State Zip Code LOS ANGELEL CA 90010 Purpose of Disbursement President Other (specify) ▼ Senate President Other (specify) ▼ State Zip Code Category/ 1998 Amount of Each Disbursement this Peri Non CONTRIBUTION ACCOUNT Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Candidate Name Category/ 1998 Date of Disbursement this Peri Category/ 1998 Memoltem Non Contribution Account Amount of Each Disbursement this Peri Category/ 1998 Memoltem Non Contribution Account Date of Disbursement Category/ 1998 Amount of Each Disbursement this Peri Category/ 1998 Date of Disbursement this Peri Category/ 1998 Date of Disbursement this Peri Category/ 1998 Amount of Each Disbursement this Peri Category/ 1998 Amount of Each Disbursement this Peri Category/ 1998 Amount of Each Disbursement this Peri Category/ 1998 Category/ 1998 Amount of Each Disbursement this Peri Category/ 1998 Candidate Name				Data of Dishuraament
Mailing Address 4929 M/LSHIRE BLVD SUITE 800 City SUFER 800 City SUBSTITE 800 City State Zip Code 90010 Code CREDIT CARD & MERCHANT FEES Candidate Name Category/ Type Office Sought: House Disbursement Primary General Primary Category/ Type City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary Category/ Type City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Primary Category/ Type Office Sought: House Disbursement For: Senate Primary General Primary	S USA AEPAY			
LOS ANGELEL CA 90010 Purpose of Disbursement PAC CREDIT CARD & MERCHANT FEES Candidate Name Category/ Type Memo Item NON CONTRIBUTION ACCOUNT Memo Item Non Contribution M				08 08 2016
PAC CREDIT CARD & MERCHANT FEES Candidate Name Category/ Office Sought:	City S LOS ANGELEL			Transaction ID : SB29.I1534
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Other (specify) ▼ Memo Item NON CONTRIBUTION ACCOUNT State: District: Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Cast, First, Middle Initial) State: District: Other (specify) ▼ Disbursement For: General Primary General Other (specify) ▼ Date of Disbursement this Periodent State: District: District: Full Name (Last, First, Middle Initial) Category/ Type Memo Item Non Contribution Account Amount of Each Disbursement this Periodent State: Disbursement For: General Other (specify) ▼ Date of Disbursement Amount of Each Disbursement This Periodent State: Disbursement For: General Other (specify) ▼ State: District: Other (specify) ▼ Substate: District: Other (specify) ▼ Substate: District: Other (specify) ▼ Substate: Disbursement This Page (optional)				Amount of Each Disbursement this Period
Office Sought:	Candidate Name			
Amount of Each Disbursement Category/ Type Office Sought: House President State Zip Code Purpose of Disbursement Primary General State: District: Candidate Name Category/ Type Disbursement For: General Other (specify) ▼ Date of Disbursement This Period Amount of Each Disbursement This Period Category/ Type Office Sought: House Primary General Other (specify) ▼ Substortal of Disbursements This Page (optional)	Senate President	Primary General	Туре	Memo Item
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement This Periodent State: District: Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Senate President Other (specify) ▼ Substruct Substruct Substruct Amount of Each Disbursement this Periodent Other (specify) ▼ Substruct Amount of Each Disbursement This Periodent Other (specify) ▼ Substruct Amount of Each Disbursement This Periodent Other (specify) ▼ Amount of Each Disbursement This Periodent Other (specify) ▼				
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name City Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional)				
Purpose of Disbursement Candidate Name Office Sought:	Mailing Address			
Candidate Name Category/ Type	City	State Zip Code		
Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Category/ Type Office Sought: House Senate Primary General Other (specify) Office Sought: House Disbursement For: General Other (specify) State: District: Substracts Amount of Each Disbursement this Period Memo Item Amount of Each Disbursement this Period Memo Item 20.00	Purpose of Disbursement			Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Amount of Each Disbursement this Periodent Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name			
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) State: District: Subtrotal of Disbursements This Page (optional)	Senate President	Primary General	71	Memo Item
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Date of Disbursement Amount of Each Disbursement this Periodent Senate Primary General Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substitute Disbursements This Page (optional)				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional)	Mailing Address			
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substrict: Amount of Each Disbursement this Period Memo Item 20.00	City	State Zip Code		
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substitute Primary General Other (specify) ▼ Substitute Substitute Primary General Other (specify) ▼	Purpose of Disbursement			
Office Sought: House Disbursement For: Senate Primary General President Other (specify) Subtrotal of Disbursements This Page (optional)	Candidate Name			Amount of Each Disbursement this Period
CONTRACTOR DISDUISEMENTS 1 age (Optional)	Senate President	Primary General	-71-3	
0005.00	SUBTOTAL of Disbursements This Page (optional)			20.00
TOTAL This Period (last page this line number only)				8285.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

	9
×	10

13

PATRIOT VOICES PAC		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): MANAGEMENT & FUNDRAISING CONSULTING
Mailing Address 315 FOXTAIL LANE		_
City State SPRING CITY	Zip Code PA 19475	-
Outstanding Balance Beginning This Period		Transaction ID : SD10.60106
20000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	20000.00
B. Full Name (Last, First, Middle Initial) of Debtor BRABENDER COX LLC	r or Creditor	Nature of Debt (Purpose): IE - MEDIA PRODUCTION
Mailing Address 1218 GRANDVIEW AVENUE		-
City State PITTSBURGH	Zip Code PA 15211	
Outstanding Balance Beginning This Period 3250.00		Transaction ID : SD10.60100
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3250.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): MEDIA PRODUCTION
Mailing Address 1218 GRANDVIEW AVENUE		
City PITTSBURGH	State Zip Code PA 15211	
Outstanding Balance Beginning This Period		Transaction ID : SD10.60101
3250.00	Doumant This Davied	Outstanding Polones at Class of This Paried
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3250.00
) SUBTOTALS This Period This Page (optional)	>	26500.00
e) TOTALS This Period (last page this line number	only)	
b) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12
FOR LINE NUMBER: (check only one)

	9
X	10

13

OF

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DATABASE & CONTRIBUTION** CMDI **PROCESSING** Mailing Address 1593 SPRING HILL ROAD SUITE 400 State Zip Code TYSONS CORNER 22182 Transaction ID: SD10.60102 Outstanding Balance Beginning This Period 779.28 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 279.28 750.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DIRECT MAIL HSP DIRECT** Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300 State City Zip Code **ASHBURN** 20147 VA Outstanding Balance Beginning This Period Transaction ID: SD10.60103 3549.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3549.15 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **COMPLIANCE CONSULTING KOCH & HOOS LLC** Mailing Address 901 N. WASHINGTON STREET SUITE 700 City State Zip Code **ALEXANDRIA** 22314 VA Transaction ID: SD10.60104 Outstanding Balance Beginning This Period 4950.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 8435.00 3485.00 0.00 12734.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13
FOR LINE NUMBER: (check only one)

	9
X	10

13

OF

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): LIST EXPENSE SUNRISE DATA SERVICES Mailing Address 44845 FALCON PLACE SUITE 101A City State Zip Code **DULLES** 20166 Transaction ID: SD10.60105 Outstanding Balance Beginning This Period 4319.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4319.45 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 4319.45 1) SUBTOTALS This Period This Page (optional)..... 43553.60 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...... 43553.60 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶