

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Our Voice PAC

ADDRESS (number and street) P O Box 8262

Check if different than previously reported. (ACC) Reno NV 89507

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00497412

3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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

Type or Print Name of Treasurer Robert Fee

Signature of Treasurer Robert Fee [Electronically Filed] Date 09 / 10 / 2013

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Our Voice PAC

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="2013"/>		<input type="text" value="136909.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="136909.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="43313.20"/>	<input type="text" value="43313.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="180222.37"/>	<input type="text" value="180222.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55614.10"/>	<input type="text" value="55614.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="124608.27"/>	<input type="text" value="124608.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Our Voice PAC

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).....	39906.22	39906.22
(ii) Unitemized	3406.98	3406.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	43313.20	43313.20
(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)	43313.20	43313.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	43313.20	43313.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43313.20	43313.20

DETAILED SUMMARY PAGE
of Disbursements

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	55614.10	55614.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55614.10	55614.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
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)) ..	55614.10	55614.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55614.10	55614.10

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)	43313.20	43313.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43313.20	43313.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	55614.10	55614.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55614.10	55614.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 19
	(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

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)
Our Voice PAC

A. KELSEY ACKERSON
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1154

City WILCOX State AZ Zip Code 85644

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

Name of Employer SELF Occupation SELF

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
 03 / 13 / 2013
Transaction ID : SA11AI.5967

Amount of Each Receipt this Period
500.00

B. CONSERVATIVE CONNECTOR, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 435 E MAIN STREET SUITE 250

City GREENWOOD State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1661.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2013
Transaction ID : SA11AI.6164

Amount of Each Receipt this Period
1661.94

LIST RENTALS

C. CONSERVATIVE CONNECTOR, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 435 E MAIN STREET SUITE 250

City GREENWOOD State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6611.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : SA11AI.6019

Amount of Each Receipt this Period
4950.00

LIST RENTALS

SUBTOTAL of Receipts This Page (optional).....▶	7111.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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)
Our Voice PAC

Full Name (Last, First, Middle Initial)
A. CONSERVATIVE CONNECTOR, LLC

Mailing Address 435 E MAIN STREET
SUITE 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11891.94

Date of Receipt
04 / 29 / 2013
Transaction ID : SA11AI.6049

Amount of Each Receipt this Period
5280.00

LIST RENTALS

Full Name (Last, First, Middle Initial)
B. CONSERVATIVE CONNECTOR, LLC

Mailing Address 435 E MAIN STREET
SUITE 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20691.94

Date of Receipt
06 / 04 / 2013
Transaction ID : SA11AI.6165

Amount of Each Receipt this Period
8800.00

LIST RENTALS

Full Name (Last, First, Middle Initial)
C. CONSERVATIVE CONNECTOR, LLC

Mailing Address 435 E MAIN STREET
SUITE 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
32521.94

Date of Receipt
06 / 27 / 2013
Transaction ID : SA11AI.6050

Amount of Each Receipt this Period
11830.00

LIST RENTALS

SUBTOTAL of Receipts This Page (optional).....	25910.00
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 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)
A. SQUARE INC

Mailing Address 901 MISSION STREET

City State Zip Code
SAN FRANCISCO CA 94103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5647.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : SA11AI.6176

Amount of Each Receipt this Period
5647.81

Full Name (Last, First, Middle Initial)
B. The Prosper Group

Mailing Address 435 E. Main St.

City State Zip Code
Greenwood IN 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
736.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : SA11AI.6174

Amount of Each Receipt this Period
736.47

LIST RENTALS

Full Name (Last, First, Middle Initial)
C. The Prosper Group

Mailing Address 435 E. Main St.

City State Zip Code
Greenwood IN 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1236.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11AI.6175

Amount of Each Receipt this Period
500.00

LIST RENTALS

SUBTOTAL of Receipts This Page (optional).....▶	6884.28
TOTAL This Period (last page this line number only).....▶	39906.22

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. SHARRON ANGLE

Mailing Address PO BOX 33058

City RENO State NV Zip Code 89533-3058

Purpose of Disbursement
WEB MASTER / WEB SITE DEVELOPMENT

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 04 / 2013

Transaction ID : SB21B.6166

Amount of Each Disbursement this Period

17400.00

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 12 / 2013

Transaction ID : SB21B.6128

Amount of Each Disbursement this Period

35.14

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 21 / 2013

Transaction ID : SB21B.6134

Amount of Each Disbursement this Period

139.91

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

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

17575.05

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : SB21B.6139

Amount of Each Disbursement this Period

34.15

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2013

Transaction ID : SB21B.6140

Amount of Each Disbursement this Period

139.91

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2013

Transaction ID : SB21B.6145

Amount of Each Disbursement this Period

34.15

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

208.21

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013

Transaction ID : SB21B.6148

Amount of Each Disbursement this Period

139.77

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2013

Transaction ID : SB21B.6154

Amount of Each Disbursement this Period

34.10

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2013

Transaction ID : SB21B.6155

Amount of Each Disbursement this Period

140.41

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

314.28

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

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NAME OF COMMITTEE (In Full)

Our Voice PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : SB21B.6159

Amount of Each Disbursement this Period

3	4	.	1	1
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Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	3

Transaction ID : SB21B.6162

Amount of Each Disbursement this Period

1	4	0	.	4	1
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
ADVERTISING / COMMERCIALS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	3

Transaction ID : SB21B.6131

Amount of Each Disbursement this Period

5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

5	1	7	.	5	2
---	---	---	---	---	---

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

5	1	7	.	5	2
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
ADVERTISING / COMMERCIALS

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2013

Transaction ID : SB21B.6144

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
ADVERTISING / COMMERCIALS

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2013

Transaction ID : SB21B.6147

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
ADVERTISING / COMMERCIALS

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2013

Transaction ID : SB21B.6153

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
ADVERTISING / COMMERCIALS

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6157

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
ADVERTISING / COMMERCIALS

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6161

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
SOUTHWEST AIRLINE TICKETS

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6126

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
SOUTHWEST AIRLINE TICKETS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6138

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
SOUTHWEST AIRLINE TICKETS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6150

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SQUARE INC

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
MERCHANT CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6187

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. SQUARE INC

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
MERCHANT CREDIT CARD FEES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2013

Transaction ID : **SB21B.6188**

Amount of Each Disbursement this Period

1.10

Full Name (Last, First, Middle Initial)

B. SQUARE INC

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
MERCHANT CREDIT CARD FEES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2013

Transaction ID : **SB21B.6189**

Amount of Each Disbursement this Period

0.85

Full Name (Last, First, Middle Initial)

C. SQUARE INC

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
MERCHANT CREDIT CARD FEES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2013

Transaction ID : **SB21B.6190**

Amount of Each Disbursement this Period

6.74

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

8.69

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. SQUARE INC

Mailing Address 901 MISSION STREET

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
MERCHANT CREDIT CARD FEES

001

Candidate Name

Category/
Type

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
06 / 27 / 2013

Transaction ID : SB21B.6191

Amount of Each Disbursement this Period

2.25

Full Name (Last, First, Middle Initial)

B. The Prosper Group

Mailing Address 435 E. Main St.

City State Zip Code
Greenwood IN 46143

Purpose of Disbursement
LIST RENTALS

001

Candidate Name

Category/
Type

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
01 / 10 / 2013

Transaction ID : SB21B.6168

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. The Prosper Group

Mailing Address 435 E. Main St.

City State Zip Code
Greenwood IN 46143

Purpose of Disbursement
LIST RENTALS

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
03 / 27 / 2013

Transaction ID : SB21B.6172

Amount of Each Disbursement this Period

325.00

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

1077.25

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. RICK TRADER

Mailing Address 766 MAPLE RD

City DEPTFORD State NJ Zip Code 08096

Purpose of Disbursement
RADIO COMMERCIAL TIME

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2013

Transaction ID : SB21B.6169

Amount of Each Disbursement this Period

975.00

Full Name (Last, First, Middle Initial)

B. RICK TRADER

Mailing Address 766 MAPLE RD

City DEPTFORD State NJ Zip Code 08096

Purpose of Disbursement
RADIO COMMERCIAL TIME

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2013

Transaction ID : SB21B.6173

Amount of Each Disbursement this Period

975.00

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 200 S. Virginia St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2013

Transaction ID : SB21B.6156

Amount of Each Disbursement this Period

30.00

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

1980.00

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

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NAME OF COMMITTEE (In Full)

Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 200 S. Virginia St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
BANK FEES

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	3		2	0	1	3		

Transaction ID : SB21B.6160

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

30.00

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

55255.25