

**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="2014"/>	<input type="text" value="25527.37"/>	<input type="text" value="25527.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11233.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="96380.49"/>	<input type="text" value="245064.22"/>
(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="107613.83"/>	<input type="text" value="270591.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="84000.92"/>	<input type="text" value="246978.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23612.91"/>	<input type="text" value="23612.91"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	96145.24	231339.65
(ii) Unitemized	235.25	13724.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	96380.49	245064.22
(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)	96380.49	245064.22
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))..... ▶	96380.49	245064.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	96380.49	245064.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	23733.03	186710.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23733.03	186710.79
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)	60267.89	60267.89
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)) ..	84000.92	246978.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84000.92	246978.68

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)	96380.49	245064.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	96380.49	245064.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	23733.03	186710.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23733.03	186710.79

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<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	

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. DAN & MARGO ANDERSON

Full Name (Last, First, Middle Initial)
Mailing Address 0000 STREET

City: CENTERVILLE State: PA Zip Code: 16404

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

Name of Employer: RETIRED Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.7991

Amount of Each Receipt this Period
50000.00

B. DAN & MARGO ANDERSON

Full Name (Last, First, Middle Initial)
Mailing Address 0000 STREET

City: CENTERVILLE State: PA Zip Code: 16404

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

Name of Employer: RETIRED Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.7989

Amount of Each Receipt this Period
20000.00

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 ▼
38516.16

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.7992

Amount of Each Receipt this Period
4537.50

LIST RENTALS

SUBTOTAL of Receipts This Page (optional)..... ▶ 74537.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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 ▼
60076.16

Date of Receipt
10 / 29 / 2014
Transaction ID : SA11AI.7988

Amount of Each Receipt this Period
21560.00

LIST RENTALS

Full Name (Last, First, Middle Initial)
B. PIRYX INC

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.12

Date of Receipt
11 / 05 / 2014
Transaction ID : SA11AI.7938

Amount of Each Receipt this Period
23.87

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

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.99

Date of Receipt
11 / 10 / 2014
Transaction ID : SA11AI.7939

Amount of Each Receipt this Period
23.87

SUBTOTAL of Receipts This Page (optional).....▶	21607.74
TOTAL This Period (last page this line number only).....▶	96145.24

**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. DEREK ARMSTRONG

Mailing Address 2480 W HORIZON RIDGE PARKWAY

City HENDERSON State NV Zip Code 89053

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7945

Amount of Each Disbursement this Period

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7986

Amount of Each Disbursement this Period

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7983

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. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB21B.7949

Amount of Each Disbursement this Period

39.23

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

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : SB21B.7940

Amount of Each Disbursement this Period

98.87

Full Name (Last, First, Middle Initial)

C. KAMAU BAKARI

Mailing Address 1584 SPRING RAIN RD

City LAS VEGAS State NV Zip Code 89142

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.7976

Amount of Each Disbursement this Period

500.00

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

638.10

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. KAMAU BAKARI

Mailing Address 1584 SPRING RAIN RD

City LAS VEGAS State NV Zip Code 89142

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7971

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BARBARA CASAVSKE

Mailing Address 8150 W CHARLESTON BLVD
STE 100

City LAS VEGAS State NV Zip Code 89117

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7972

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BARBARA CASAVSKE

Mailing Address 8150 W CHARLESTON BLVD
STE 100

City LAS VEGAS State NV Zip Code 89117

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7965

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. JILL DICKMAN

Mailing Address 1344 DISC DR
STE 201

City SPARKS State NV Zip Code 89436

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.7960

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. JILL DICKMAN

Mailing Address 1344 DISC DR
STE 201

City SPARKS State NV Zip Code 89436

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2014

Transaction ID : SB21B.7962

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. VICKI DOOLING

Mailing Address 2505 HANSON VILLAGE DR

City HENDERSON State NV Zip Code 89052

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.7975

Amount of Each Disbursement this Period

500.00

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

1500.00

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. VICKI DOOLING

Mailing Address 2505 HANSON VILLAGE DR

City HENDERSON State NV Zip Code 89052

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7967

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. FRIENDS OF REX

Mailing Address PO BOX 60595

City RENO State NV Zip Code 89506

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7959

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. FRIENDS OF REX

Mailing Address PO BOX 60595

City RENO State NV Zip Code 89506

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7957

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. DON GUSTAVSON

Mailing Address PO BOX 31601

City SPARKS State NV Zip Code 89435

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7953

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DON GUSTAVSON

Mailing Address PO BOX 31601

City SPARKS State NV Zip Code 89435

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7951

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7979

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

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

Full Name (Last, First, Middle Initial)

A. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
MEDIA PRODUCTION

004

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
1	1		1	7		2	0	1	4

Transaction ID : SB21B.7980

Amount of Each Disbursement this Period

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BRENT JONES

Mailing Address 3214 W DESERT INN RD

City LAS VEGAS State NV Zip Code

Purpose of Disbursement

011

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
1	1		0	1		2	0	1	4

Transaction ID : SB21B.7969

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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
CREDIT CARD CHARGES

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
1	0		3	0		2	0	1	4

Transaction ID : SB21B.7942

Amount of Each Disbursement this Period

1	3	9	6	2	2	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	8	9	6	2	2	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	8	9	6	2	2	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 AIR

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRLINE TICKETS

002
Category/
Type

Candidate Name

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
10 / 15 / 2014

Transaction ID : SB21B.7942.0

Amount of Each Disbursement this Period

1396.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 355 E PLUMB LN

City RENO State NV Zip Code 89502

Purpose of Disbursement
OFFICE SUPPLIES

001
Category/
Type

Candidate Name

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
10 / 17 / 2014

Transaction ID : SB21B.7984

Amount of Each Disbursement this Period

192.83

Full Name (Last, First, Middle Initial)

C. ANNETTE TEIJERO

Mailing Address PO BOX 93953

City LAS VEGAS State NV Zip Code 89193

Purpose of Disbursement

011
Category/
Type

Candidate Name

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
10 / 28 / 2014

Transaction ID : SB21B.7970

Amount of Each Disbursement this Period

500.00

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

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

692.83

**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. ANNETTE TEIJERO

Mailing Address PO BOX 93953

City LAS VEGAS State NV Zip Code 89193

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7955

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ROBERT TESE

Mailing Address 1281 TERMINAL WAY
SUITE 108

City RENO State NV Zip Code 89502

Purpose of Disbursement
ACCOUNTING 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.7954

Amount of Each Disbursement this Period

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7981

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. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : **SB21B.7982**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : **SB21B.7973**

Amount of Each Disbursement this Period

30.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : **SB21B.7974**

Amount of Each Disbursement this Period

30.00

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

90.00

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

Candidate Name

Category/
Type

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
11 / 10 / 2014

Transaction ID : SB21B.7950

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

B. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.7944

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. RICHARD ZISER

Mailing Address PO BOX 81707

City LAS VEGAS State NV Zip Code 89180

Purpose of Disbursement

011

Candidate Name

Category/
Type

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
10 / 29 / 2014

Transaction ID : SB21B.7947

Amount of Each Disbursement this Period

500.00

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

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

533.00

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. RICHARD ZISER

Mailing Address PO BOX 81707

City LAS VEGAS State NV Zip Code 89180

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : SB21B.7963

Amount of Each Disbursement this Period

500.00

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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

500.00

23668.22

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Voice PAC	FEC IDENTIFICATION NUMBER ▼ C C00497412
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee DANE & ASSOCIATES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 1058	Amount 1200.00
City State Zip Code FRONT ROYAL VA 22630	Transaction ID : SE.7924 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure POLLING	Category/Type 005
Name of Federal Candidate KEVIN WADE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: DE
Calendar Year-To-Date Per Election for Office Sought 60267.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Jameson Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 348 Mill St.	Amount 6000.00
City State Zip Code Reno NV 89501	Transaction ID : SE.7912 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2014
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate KEVIN WADE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: DE
Calendar Year-To-Date Per Election for Office Sought 6000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7200.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Fee
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Voice PAC	FEC IDENTIFICATION NUMBER ▼ C C00497412
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Jameson Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 348 Mill St.	Amount 4500.00
City State Zip Code Reno NV 89501	Transaction ID : SE.7917 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate KEVIN WADE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: DE
Calendar Year-To-Date Per Election for Office Sought 53567.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee JD MINIEAR	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 721	Amount 2500.00
City State Zip Code BEACH GROVE IN 46107	Transaction ID : SE.7918 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure MEDIA PRODUCTION	Category/Type
Name of Federal Candidate KEVIN WADE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: DE
Calendar Year-To-Date Per Election for Office Sought 56067.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Fee [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Our Voice PAC	FEC IDENTIFICATION NUMBER ▼ C C00497412
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee RENO PRINT STORE	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 280 GREG ST, STE 5	Amount 24067.89
City State Zip Code RENO NV 89502	Transaction ID : SE.7899 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure MAILINGS	Category/Type
Name of Federal Candidate KEVIN WADE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE
Calendar Year-To-Date Per Election for Office Sought 30067.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RICK TRADER	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 766 MAPLE RD	Amount 3000.00
City State Zip Code DEPTFORD NJ 08096	Transaction ID : SE.7922 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure RADIO COMMERCIAL TIME	Category/Type
Name of Federal Candidate KEVIN WADE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE
Calendar Year-To-Date Per Election for Office Sought 59067.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27067.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Fee [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature

