## FEC FORM 3X

12030913561

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

Office Alse Only

١.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

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2. I	EC ID	ENTIFICATION NU	IMBER 🔻		СПҮ▲			STATE A	ZI	P CODE	<u> </u>
and the second	C Ø	05259	72		3. IS THIS REPORT	11.	NEW (N) <b>OR</b>		MENDED ()		
	TYPE Choose	OF REPORT One)		port 🔙		[25]	May 20 (M5)	Esta Design	20 (M8)	(Nor	v 20 (M11) n-Election r Only) c 20 (M12)
(	a) Qu	arterly Reparts:		o On:		الليبيا	Jun 20 (M6) Jul 20 (M7)	الحا	20 (M9) 20 (M10)	(Nor Year	n-Election r Only)
		April 15 Quarterly Report (Q	(c)	12-Day	Api 20 (1414)	Primary (12	72	13.25		<u> </u>	noff (12R)
		July 15 Quarterly Report (Q		PRE-Electi	· (22)	Convention	·~-	a.			1011 (12N)
	X	October 15 Quarterly Report (Q	(3)	neport lor	ule.	Convention					
		January 31 Year-End Report (Y	E)		Election on	M-3-M-)	/ [ [ [ ]			n the State of	
		July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d)	30-Day POST-Elec	11.	General (30	)G)	Runoff	(30R)	Spe	ecial (30S)
		Termination Report (TER)		Report for	Election on	M	[D 0] /	Y~ Y~ . Y~ .		n the State of	
. (	Coverin	g Period 6	۷ ′ o.:	3 ' <b>a</b> c	312	through	۱۵	′06	201	2	
	ify that	I have examined th	is Report	and to the t	oest of my krik	wiedge and	belief it is tru	e, correct a	nd complete.		
cen	or Prin	t Name of Tressure	AM.	rk !	SATTE	RLEE		····		<del></del>	
								ate .	<b>8</b> ' 6		

Write or Type Committee Name

our voice

Report Covering the Period:

From:



To:



		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,	:	
	(b) Cash on Hand at Beginning of Reporting Period	9	
	(c) Total Receipts (from Line 19)	<b>6</b>	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7.	Total Disbursements (from Line 31)	0	
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	6	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6	

#### For further information contact:

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

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

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

Page 3

Write or Type Committee Name

### OUR VOICE DUR COUNT

Report Covering the Period:

1203091356

From:

68 '63 '2012

To:

10'06'2817

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	8	
(i) Itemized (use Schedule A)		
(ii) Unitemized	$oldsymbol{\Theta}$	
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)		
Lines Tr(a)(i) and (ii)	The second secon	The state of the s
(b) Political Party Committees	6	
•		(
(c) Other Political Committees	0	
(such as PACs)	" lescure d'anne de la company	han har han han
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	2	
Totals to Line 33, page 5)		Harris Marie
12. Transfers From Affiliated/Other		المستوالية
Party Committees		- The state of the
13. All Loans Received	· Q	
		Beneficial in the Cambridge and the Control of the Control of the Cambridge and the
14. Loan Repayments Received		
15. Offeets To Operating Expenditures	la en une est estado de la composiçõe de la estada de la composiçõe de la estada de la composição de la comp	Navio el martinat y mall alle resonata y laman el al fin allabora de mario sumo a seguinazione del
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0	
16. Refunds of Contributions Made	The second secon	Company of the Control of the Contro
to Federal Canditates and Other		
Political Committees	. •	
17. Other Federal Receipts		
(Dividends, Interest, etc.)	. 4	
18. Transfers from Non-Federal and Levin Fu	inds	Can a continue of the continue of the continue of
(a) Non-Federal Account		
(from Schedule H3)	<b>. . . .</b>	
-	"	(house land land land land) and the second land land land land land land land la
(h) Lovin Eundo (from Schodulo US)		The state of the s
(b) Levin Funds (from Schedule H5)		Late day training to the first
(c) Total Transfers (add 18(a) and 18(b)).		
(c) total transfers (and to(a) and to(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	• 6 · · · · · · · · · · · · · · · · · ·	
20. Total Federal Receipts	emmen. Harry with higher the hand harry sequential and a paper may an electric term shown that are higher and separate	
(subtract Line 18(c) from Line 19)		
(2000000 min (ala) nom and (a) min (		Landan Barker Carlo Marker Carlo Car

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. Disbursements	Total This Period	Calendar Year-to-Dete
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Franch - The smile and error from the arthrest the retirement as rely	Calainal learn-had-ad-ad-ad-ad-ad-ad-ad-ad-ad-ad-ad-ad-a
	(i) 1-ederal Shate		
	(ii) Non-Federal Share		the second of th
	(b) Other Federal Operating		
	Expenditures	Company of the Control of the Control	the same of the sa
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
	Transfers to Affillated/Other Party Committees	4	
28.	Contributions to Federal Candidates/Committees and Other Political Committees	ð	
24.	Independent Expenditures	The transfer for all and the first of the section of and and	
25.	(use Schedule E)		
	,		
	Loan Repayments Made		
27. 28.	Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees	<b>a</b>	
	(c) Other Political Committees (such as PACs)		
	(Communication)	Contract of the Contract of th	Continue Day Description
	(d) Total Contribution Refunds		Committee of the residence of the state of t
	(add Lines 28(a), (b), and (c))▶	O-harmon alamana	<u></u>
29.	Other Disbursements	8	
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		be a section of the s
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbursements (add Linea 21(c), 22,		والعاد والمنصول المداور فالمناورين والمناد والمناد والمنادي المعال المدارج بالمعال والمناد
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	<b>9</b>	- Cartardadi alambara at albada at mada d
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		Garant Managaran Care Cara de mai mandrana de militar e de mendera e man
	from Line 31)	¥	

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### **DETAILED SUMMARY PAGE**

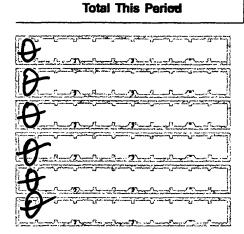
of Disbursements

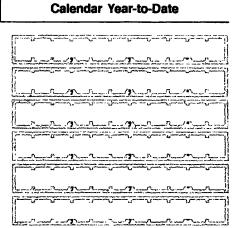
**COLUMN A** 

Page 5

FEC Form 3X (Rev. 02/2003)

111	. Net Contributions/Operating Expenditures
33.	Total Contributions (other than loans)
	(frotn Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)





**COLUMN B** 

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	<b>EIPTS</b>	ì	

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

FOR LINE NUMBER: PAGE OF (check only one)

11a 11b 11c 12

13 14 15 16

	Detailed Summary Page	1 🛏	1a 3	$\vdash \mid$	11k	<u> </u>	11c	-	12 16	<b>17</b>	
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NAME OF COMMITTEE (In Full)											
	LR VOICE										
Full Name (Last, First, Middle Initial)		—	te of		-						
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City	State Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.											
Name of Employer	Occupation										
Receipt For:  Primary General  Other (specify) ▼	Aggregaie Year-to-Date ▼										
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Name of Employer	Occupation										
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City	State Zip Code						ceipt t				
FEC ID number of contributing federal political committee.	C	1 1									
Name of Employer	Occupation										
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼										
SUBTOTAL of Receipts This Page (optional)											
TOTAL This Period (last page this line number or	nly)									,,	

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City S	tate Zip Code					*******				
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		Catego Type		ř						; i
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Senate										
	Other (specify) ▼									
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City	state Zip Code			<del></del>						<del>- ,</del>
Purpose of Disbursement				_		_				_
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# 12030913558

# SCHEDULE C (FEC Form 3X) LOANS

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

PAGE OF

		Detailed Summary Page FOR LINE 13 OF FO	RM 3X
AME OF COMMITTEE (In Full)			
OUR COUNT	by our vo		
LOAN SOURCE Full Name (La	st, First, Middle Initial)	Election: Primary	
NIA		General	
Mailing Address		Other (specify) ▼	
City	State ZII	P Code	<u></u>
Original Amount of Loan	Cumulative Payme	nt To Date Balance Outstanding at Close of T	
Georgiana panggangan ng maganagan kanagan M M Manggan ndanggang ng maganagan kanagan M		enge enge enge malijan nejan sayanan 	i"
TERMS Date Incurred	carbod levies Santoni		
List All Endorsers or Guaranto		I Nome of Castlerin	
Full Name (Last, First, Middle	र ।।।।।था)	Name of Employer	
Mailing Address		Occupation	
		Amount paragram, and a property of the control of t	Anger of
City	State ZIP Code	Guaranteed Outstanding:	61
2. Full Name (Last, First, Middle	Initial)	Name of Employer	
Mailing Address		Occupation	<del></del>
-			· · · · · · · · · · · · · · · · · · ·
City	State ZIP Code	Amount Guaranteed	i)
-		Outstanding:	an all
3. Full Name (Last, First, Middle	· inmai)	Name of Employer	
Mailing Address		Occupation	
		Amount grantpure, was print, and yet a grantpure transcription.	73.33
City	State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle	Initial)	Name of Employer	
• • •			
Mailing Address		Occupation	
	Chata 7/B C	Amount Currenteed	m ĝ
City	State ZIP Code	Guaranteed Outstanding:	
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OTALS This Period (last page in		Comments and Comme	
arry outstanding balance only to	LINE 3, Schedule D, for this lin	ne. If no Schedule D, carry forward to appropriate line of S	ummary.

# SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463					
NAME OF COMMITTEE (In Full)		1	C IDENTIFICATION NUMBER		
THE COUNTRY OUR VO	ICE				
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)		
Full Name	Manadowski saste a franch a afterni Amerika		Line the sea teachers		
N/A.			<u></u> %		
Mailing Address		M v M	/ OLD /   YUY TY CY		
	Date Incurred or Established	i) ::::-:::			
City State Zip Code	Date Due	W. r. W.	/ LOND / LANA A CAL		
ony one ap ood	Jak Duc	المستحدثا	1 <u>1 1</u>		
A. Has loan been restructured? No Yes	If yes, date originally incurred	4	/ D.D. / Y.Y.(Y.Y.)		
B. If line of credit,	Total	وروار مستومعه بيوس	e production is the training and a company of the c		
Amount of this Draw:	Relance:	įt i			
Amount of this braw.	Calabo.	Lauren Carr			
C. Are other parties secondarily liable for the debt incu					
the state of the s	must be reported on Schedule C.)	Mhat is th	a value of this colleteral?		
<ul> <li>D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates</li> </ul>			e value of this collateral?		
stocks, accounts receivable, cash on deposit, or oth		1			
No Yes If yes, specify:		Landara Tari			
		Does the	ender have a perfected security		
		interest in	it? No Yes		
E. Are any future contributions or future receipts of interest for the learn?			e estimated value?		
collateral for the loan? No Yes If yes, specify:					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:				
Date account established:	Address:				
AMEMIA V LOCAL V LACALANA					
City, State, Zip:					
F. If neither of the types of collateral described above the loan amount, state the basis upon which this loan	was pledged for this loan, or if the an was made and the basis on wh	amount ple iich it assum	dged does not equal or exceed es repayment.		
G. COMMITTEE TREASURER	<u> </u>	DATE			
Typed Name			IN DED IN THE TOTAL		
Signature		<u>                                     </u>			
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION:			dina Aba a desertes es se se		
To the best of this institution's knowledge, the are accurate as stated above.	terms of the loan and other inform	nation regar	aing the extension of the loan		
II. The loan was made on terms and conditions		vorable at t	he time than those imposed for		
similar extensions of credit to other borrowers  III. This institution is aware of the requirement that		s which see	ures repayment, and has		
complied with the requirements set forth at 11	CFR 100.82 and 100.142 in maki	ng this loan			
AUTHORIZED REPRESENTATIVE		DATE			
Typed Name			/ (B'-B / YUYSY "Y		
Signature	Title				
,		ł			

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one) 9

Ciuding	LVallo		numbered line)	10
AME OF (	COMMITTEE (In Full)			
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A Full	Name (Last, First, Middle Initial) of Deb	·	Nature of Debt (Purp	
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12	/ <b>A</b>			
Mailing	Address			
014	<u> </u>	7.0.1.		
City	State	Zip Code		
			L	<del>-</del>
Outsta	anding Balance Beginning This Period			
1 ()	where in it was a minimum			
l	Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
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والمسالة ا	s in 40 mission (10 is seekes Albeit ed.)		ded teleperation	
B. Full N	Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purp	ose):
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Mailing /	Address			
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Outst	anding Balance Beginning This Period			
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C. Full	Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purp	one):
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) ADD 2	e) and 3) and carry forward to appropriat	e line of Summary Page (last page onl	y) > (Line of the state of the	on marine and
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## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES			PAGE OF FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Fuil)			FEC IDENTIFICATION NUMBER ▼
Our country our v			C00525972
theck if 24-hour report 48-hour report	report Amends report	nt filled on	
Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Addless			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Amou	nt
City State	Zip Code		
Purpose of Expenditure	Category/ Type	Office Soug	ht: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expendit	ture:	Check One:	President
Calendar Year-To-Date Per Election for Office Sought		Disburseme	
Full Name (Last, First, Middle Initial) of Payee		Date	[[] [] [[] [] [] [] [] [] [] [] [] [] []
Mailing Address		Amou	
City State	Zip Code		
Purpose of Expenditure	Category/ Type	Office Soug	ht: House State:
Name of Federal Candidate Supported or Opposed by Expendi	ture:	Check One:	President
Calendar Year-To-Date Per Election for Office Sought		Disburseme O	nt For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures		· <b>•</b>	
(b) SUBTOTAL of Uniternized Independent Expenditures	9#####################################	• •	
(c) TOTAL independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.			
Signature	Date		<b>( ) ( ) ( ) ( )</b>
<b>-</b>			

## SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

	(2	U.S.C	. 64	41a	(d))
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(To be used only by Political Committees in the General Election)

PAGE		OI	=	
FOR LINE	25	OF	FORM	зх

UIL COUNTRY	OWR	Val	E rdinate Commit	tee	
your committee been designated to material expenditures by a political party		NIA			
ES, name the designating committee:	Me	illing Address			
	Cit	у		State ZIF	' Code
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expenditure	il Interpreta
Mailing Address				Date	Category/ Type
City	State	Zip Code		Carrier / Color / Y	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State:	Amount	
Aggregate Contrat Electron	ung kesapan gerandan uni un Cons Xuke Sund		p <sup>‡</sup>		
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expenditure	Category
Mailing Address				Date	Type
City	State	Zip Code		M M / D D / Y	V Y V Y Y
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount  Sequence of the Company of t	alam pilamenti ne alem
Aggregate General Election	e junigram, naspike v Drog i Liktorii sa		Ç.		
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expenditure	Category
Mailing Address				Date	Туре
City	State	Zip Code		W - W - V - D - D - / - V	TIPEFFFFFF
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	— Amount	and the second seco
Aggregate General Election	Toping beginning in		:		eticus iliaas ** Neurius as
JBTOTAL of Expenditures This Page (op	otional)			Description of the property of the prope	
OTAL This Period (last page this line nur	nber only)			► Cataon in the the	

### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

AME OF COMMITTEE (In Full)"
ULL COUNTRY OUR POICE
USE ONLY ONE SECTION, A or B
A. State and Legal Barby Committees
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B Senarate Segregated Funds and Nonconnected Committees
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  or  If the committee is spending more than 50% federal funds, indicate ratio below  Federal
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or  If the committee is spending more than 50% federal funds, indicate ratio below
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  or  If the committee is spending more than 50% federal funds, indicate ratio below  Federal
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or  If the committee is spending more than 50% federal funds, indicate ratio below  Federal

SCHEDULE	H2	(FEC	Form	3X)
ALLOCATION	N R	ATIOS		

PAGE	OF
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LLOCATION RATIOS		
OUR COUNTRY DUR VOICE		
IATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' CTIVITIES APPEARING ON THIS REPORT.  Ilethods of allocation:  I. FUNDRAISING activities are allocated using the "funds received mether expenses must equal the federal proportion of monies raised.		portion of
II. Shared DIRECT CANDIDATE SIJPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support include public common federal and nanferleral candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal candi- nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Direct Candidate Support	FEDERAL %	NONFEDERAL %
CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	Carrie Constituted Character Street	<u> </u>
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY I6:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundralsing Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL %

Same as Previously Reported

New

Revised

# SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	18a OF	FORM	зх

IAME OF COMMITTEE (In Full)					
ONE COUNTRY	our voice				
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
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BREAKDOWN OF TRANSFER RECEIVED		han dan alam arang sa sana kana kana kana kana dan ala			
i) Total Administrative					
In Canada Vistas Britas					
ii) Generic Voter Drive		leganto de destado de la constitución de la constit			
ili) Exempt Activities					
iv) Direct Fundralsing (List Activity or Event ld	entifier)				
	The state of the s	<b>a</b>			
a)					
	المعتانية عرب عهدية عمالية عالم المالية				
b)		}			
c) Total Amount Transferred For Direct Fund	raising				
v) Direct Candidate Support (List Activity or E		Photograph is an account of the company of the control of the cont			
briest candidate support (clar rounty of c		-			
a)					
b)					
c) Total Amount Transferred For Direct Cand	idate Support				
o) ious randam maioloide i or briosi durin					
vi) Public Communications Referring Only to	Party (Made by PAC)				
TOTALS F	OR BREAKDOWN OF TRANSFER RECEIVE	ED.			
		المسائد عدالت عد			
TOTAL This Period (Administrative)					
TOTAL This Period (Generic Voter Drive)		<u> </u>			
•		<del></del>			
TOTAL This Period (Exempt Activities)					
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TOTAL This Period (Direct Candidate Support)		and the second			
	į <del>-</del>				
TOTAL This Period (Public Communications Referring	g Only to Party)				
POTAL This David (Total Assessed Transferre C					
TOTAL This Period (Total Amount Transferred)		Can Bank Dark Dark Dark Dark Dark Dark Dark Dar			

## SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
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NA	ME OF COMMITTEE (In Full)  OUR COUNTRY OLL	R VOI	re	<u> </u>	I ON LINE 214 OF FORM 3A
 A.	Full Name (Last, First, Middle Initial)	V VVI			Allocated Activity or Event:
	NIA				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City Si	tate Zi	p Code		Public Comm (ref to party only) by PAC
				<del></del>	
	Purpose of Disbursement:			Market Market	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date D / TEYVYY
	FEDERAL SHARE +	NONE	EDERAL	SHARE	= TOTAL AMOUNT
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В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address	· · · · · · · · · · · · · · · · · · ·			Administrative Fundralsing Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City St	tate Zi	p Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			<del></del>	Allocated Activity or Event Year-To-Date
	Talped of Diebardonicin.				
	Activity or Event Identifier:				
				Category/ Type	Date / Date
	FEDERAL SHARE +	NONE	FEDERAL	SHARE	= TOTAL AMOUNT
	- \$				
<u></u>	Full Name (Last, First, Middle Initial)		The state of the s	Page of Face of Property	Allocated Activity or Event:
<b>.</b>	Ton reaso (case, t nac, anome mom)				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City St	tate Zi	p Code		Public Comm (ref to party only) by PAC
		** *			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			Hardwell al	
	Activity or Event Identifier:		····		
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	FEDERAL SHARE +	NONE	EDERAL	SHARE	= TOTAL AMOUNT
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SL	IBTOTAL of Allocated Federal and NonFederal Activ	-	EDERAL	SHARE	= TOTAL AMOUNT
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TC	OTAL This Period (last page for each line only)(Fede FEDERAL SHARE		t(a)(i) and EDERAL		
				SHANE	TOTAL AMOUNT
			in Car IV		1

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## SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	=	C	F		
FOR	LINE	18b	OF	FORM	3)

NAME OF COMMITTEE (In Full),					
our country our voice					
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
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10	)'`		The bearing Profession Profession for its dis-		
BREAKDOV	VN OF THIS TRANSFER				
0	Voter Registration	VOTER REGISTR			
1	Total Amount Transferred for Voter	Registration			
		And the same of th	OTER ID		
ii)	Voter ID	The state of the s			
	Total Amount Transferred for Voter	ID	one on the second		
len.	GOTV		GOTV		
	Total Amount Transferred for GOTV	11	alianethical and another things in the mile		
•			GENERIC CAMPAIGN ACTIVITY		
iv)	Generic Campaign Activity	3,4			
	Total Amount Transferred for Gener	ic Campaign Activity	-1:-5-10-11-1-12-2		
NAME OF A	OOOLINE.	DATE OF DECISION			
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
		M-M / Oro / Turney			
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BREAKDOV	VN OF THIS TRANSFER				
n	Voter Registration	VOTER REGISTE			
	Total Amount Transferred for Voter	Registration	čí g		
1		V V	OTER ID		
II)	Voter ID	)}			
	Total Amount Transferred for Voter	ID	ware and the second		
l in	GOTV	Common and the common	GOTV		
	Total Amount Transferred for GOT\	<i></i>			
			GENERIC CAMPAIGN ACTIVITY		
lv)	Generic Campaign Activity	71			
	lotal Amount Transferred for Gene	ric Campalgn Activity	min Samuelle and State of Stat		
<u> </u>					
	TOTALS FOR BRI	EAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)		
		Has diaminandi mila silamina	=Compliance and		
TOTAL	L This Period (Voter Registration)		اً أ أن يب مسرح عن الايسار ال		
		And the second s	The second of th		
TOTAL	L This Period (Voter ID)				
TOTAL	L This Period (GOTV)				
		Carrier Standal Inter	nne nach am de gegen in de de gegen de de gegen de gegen Georgia de gegen de g		
TOTAL	L This Period (Generic Campaign Ad	ctivity)			
	-	<u> </u>	reconstruction (International Sector Report Advanced Institute (International Sector))		
TOTAL	This Period (Total Amount of Trans	sters Received)			
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# SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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	FOR	LINE	30a	OF	FORM	зх

AME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·					
MUR COUNTRY	our voic	C				
A. Full Name (Last, First, Middle Initial) ( Full			Type of Allocated Activity or Event:			
l significant (222) ( 102) ( 1122)			Voter Registration GOTV			
A \			Voter ID Generic Campaign			
NIT			Allocated Activity or Event Year-To-Date			
Mailing Address			Anocated Activity of Livery 1941-10-Date			
City State	Zip Code	Programmy	<u> </u>			
			grade for spine for a real real real party of a real real real real real real real re			
Purpose of Disbursement		Category/	Date			
		Туре	Date (Language Control (Language Control)			
FEDERAL SHARE	+ LEVIN SH		= TOTAL AMOUNT			
i i						
B. Full Name (Last, First, Middle Initial) / Ful	Organization Name		Type of Allocated Activity or Event:			
D. Full Maine (Last, Filst, Middle Initial) / Ful	Olyanization Haine		Voter Registration GOTV			
			Voter ID Generic Campaign			
			Allocated Addition on Front Vana To Bate			
Malling Address			Allocated Activity or Event Year-To-Date			
City State	Zip Code	particular and the set of decomposing				
	<b>_F</b> •					
Purpose of Disbursement		Category/	M M / D D / Y Y Y Y			
		Туре	Date (2000) (2000)			
FEDERAL SHARE	+ LEVIN SH		= TOTAL AMOUNT			
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C. Full Name (Last, First, Middle Initial) / Ful	l Organization Name		Type of Allocated Activity or Evant:  Voter Registration GOTV			
			Voter ID Generic Campaign			
Mailing Address			Allocated Activity or Event Year-To-Date			
City State	Zin Code		Company of the Compan			
City	Zip Code		has no state on the first first and the first of the state of the stat			
Purpose of Disbursement		Category/	MIMI / POTO / PYSYSYNY			
		Туре	Date			
FEDERAL SHARE	+ LEVIN SH		= TOTAL AMOUNT			
s per la franca franca franca franca franca (la residente franca franca franca franca franca franca franca fra 		سالات براست کا بیمالیت				
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UBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHARE	+ LEVIN SH		TOTAL AMOUNT			
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE	A. 240141 SHELD IN DA(a)(1) all	LUTHI SHOUT W	TOTAL AMOUNT			
			Large Francisco			
OTAL This Period for the Levin Share		هيدا مستدا الاستهام بالمستدامين				
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## SCHEDULE L (FEC Form 3X)

## **AGGREGATION PAGE: LEVIN FUNDS**

NAM	NAME OF COMMITTEE (In Full)  OUR VOICE					
NAM	E OF ACCOUNT	out voice				
<u> </u>		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS (a) Itemized	6				
	(Use Schedule L-A)					
	(b) Unitemized					
	(c) Total					
2.	OTHER RECEIPTS					
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	·····• • • • • • • • • • • • • • • • •				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration					
	(b) Voter ID					
	(c) GOTV					
	(d) Generic Campaign					
	(e) Total					
5.	OTHER DISBURSEMENTS					
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)					
7.	BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)					
8.	RECEIPTS(from Line 3)	0				
9.	SUBTOTAL(Add Lines 7 and 8)		**************************************			
10.	DISBURSEMENTS(From Line 6)					
11.	ENDING CASH ON HAND(Subtreet Line 10 From Line 9)					
		<b>-</b>				

# 2838813588

## SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

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OF

PAGE

TEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	(check only one) 1a 2
Any information copied from such Reports and Statements may not to or for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full)  OUR COUNTRY OUR V	OICE	
Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address		Date of Receipt
City State  Name of Employer or Principal Place of Business	Zip Code	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name  B.  Mailing Address		Date of Receipt
City State  Name of Employer or Principal Place of Business	Zip Code	Amount of Each Receipt this Period
Occupation  Sull Name (Least Sizest Middle Initial) / Sull Organization Name		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address	PROPERTY AND A STATE OF THE STA	Date of Receipt
City State  Name of Employer or Principal Place of Business	Zlp Code	Amount of Each Receipt this Period
Occupation		Aggregate Year-to-Date
Full Name (Lest, First, Middle Initial) / Full Organization Name  D.  Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business  Occupation		Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional)	1	
TOTAL This Period (last page this line number only)		

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# SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER	R:	PAG	E		OF	
(check only one)	7			4c 4d		;

OF LEVIN FUNDS	☐ 4b ☐ 4d					
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 appropriate to solicitize to solicitize to solicit containations from small committee.						
NAME OF COMMITTEE (In Full) OUR COUNTY OUR \						
Full Name (Last, First, Middle Initial) / Rull Organization Name    Columbia   Columbia		Date of Disbursement				
City State	Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement						
Full Name (Last, First, Middle Initial) / Full Organization Name 3.		Date of Disbursement				
Mailing Address						
City State  Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period				
•						
Full Name (Last, First, Middle Initial) / Full Organization Name C.  Mailing Address		Date of Disbursement				
City State	Zip Code	Amount of Each Disbursement this Period				
Purpose of Distursement		Amount of Each Disbursement this Period				
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Disbursement				
Mailing Address						
City State	Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement						
Full Name (Last, First, Middle Initial) / Full Organization Name E.		Date of Disbursement				
Mailing Address						
City State  Purpose of Dishursement	Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement						
SUBTOTAL of Disbursements This Page (optional)	•					
TOTAL This Period (last page this line number only)						

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked, **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED

(3/2005)