

# 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.   
**PATRIOT VOICES PAC**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**  **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  NEW (N) **OR**  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  /  /  in the State of   
(d) 30-Day **POST-Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Nadine Maenza

Signature of Treasurer Nadine Maenza [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Patriot Voices 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"/>		294498.82
(b) Cash on Hand at Beginning of Reporting Period.....	20805.69	
(c) Total Receipts (from Line 19) .....	285081.37	685057.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	305887.06	979556.06
7. Total Disbursements (from Line 31).....	270549.41	944218.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	35337.65	35337.65
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	56040.88	

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  
**PATRIOT VOICES PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5315.00	17425.00
(ii) Unitemized .....	75918.37	98024.37
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	81233.37	115449.37
(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) .....	81233.37	115449.37
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).....	25.00	184.08
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	203823.00	569423.79
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))..... ▶	285081.37	685057.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	285081.37	685057.24

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	45144.32	83446.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	45144.32	83446.36
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) .....	23179.08	53329.92
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	20.00
(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	20.00
29. Other Disbursements .....	202226.01	807422.13
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)) ..	270549.41	944218.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	270549.41	944218.41

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	81233.37	115449.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	81233.37	115429.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	45144.32	83446.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	25.00	184.08
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	45119.32	83262.28

**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 160  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT ALT**

Mailing Address 1845 GROSSE POINTE CIRCLE

City State Zip Code  
HANOVER PARK IL 60133-6723

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : SA11.59415**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT ALT**

Mailing Address 1845 GROSSE POINTE CIRCLE

City State Zip Code  
HANOVER PARK IL 60133-6723

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2013  
**Transaction ID : SA11.67690**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. FRANK H. BEVEVINO**

Mailing Address 613 BALTIMORE DRIVE

City State Zip Code  
WILKES BARRE PA 18702-7902

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2013  
**Transaction ID : SA11.73397**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 485.00

**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: (check only one)	PAGE 7 OF 160
	<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)  
**PATRIOT VOICES PAC**

**A. LILLIAN BEVIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 RUGBY RD

City CHARLOTTEVILLE State VA Zip Code 22903-1627

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

Name of Employer RETIRED Occupation LAW PROF

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  
 09 / 12 / 2013  
**Transaction ID : SA11.72906**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. MRS. WILMA S. EDWARDS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2948

City DEL MAR State CA Zip Code 92014-5948

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2013  
**Transaction ID : SA11.64322**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C. MARC IVERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6037 SHARON RD.

City CHARLOTTE State NC Zip Code 28210-6827

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

Name of Employer NONE Occupation DISABLED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2013  
**Transaction ID : SA11.73209**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 160  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. DR. MARTHA S. KNEECE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1752 JUNIPER SPRING ROAD  
 City State Zip Code  
 GILBERT SC 29054-9415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : SA11.62812**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. ROBERT E. MARX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 PENINSULA DRIVE  
 City State Zip Code  
 BABYLON NY 11702-3315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2013  
**Transaction ID : SA11.65651**  
 Amount of Each Receipt this Period  
 240.00  
 CONTRIBUTION

**C. MRS. EDITH M. PATRICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 125  
 City State Zip Code  
 CORNWALL PA 17016-0125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2013  
**Transaction ID : SA11.68083**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 740.00  
**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: (check only one)	PAGE 9 OF 160
	<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)  
**PATRIOT VOICES PAC**

**A. MR. HERBERT J. SIEGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 E. 72ND STREET

City NEW YORK State NY Zip Code 10021-4370

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2013  
**Transaction ID : SA11.67049**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. MRS. MARY N. STULTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 262 DEERFIELD CIRCLE

City KINGWOOD State WV Zip Code 26537-1358

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2013  
**Transaction ID : SA11.66438**

Amount of Each Receipt this Period  
 240.00

CONTRIBUTION

**C. MR. WILLIAM B. WRIGHT JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1275 VALLEY VISTA LANE

City FOREST State VA Zip Code 24551-4366

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2013  
**Transaction ID : SA11.66026**

Amount of Each Receipt this Period  
 600.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1840.00
<b>TOTAL</b> 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 10 OF 160  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN W. ZIEGLER JR.**

Mailing Address 515 GRACE TERRACE

City State Zip Code  
NEW OXFORD PA 17350-7325

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

Name of Employer Occupation  
RETIRED RETIRED

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  
 12 / 23 / 2013  
**Transaction ID : SA11.73511**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN W. ZIEGLER JR.**

Mailing Address 515 GRACE TERRACE

City State Zip Code  
NEW OXFORD PA 17350-7325

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

Name of Employer Occupation  
RETIRED RETIRED

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  
 12 / 26 / 2013  
**Transaction ID : SA11.73548**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5315.00

**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 11 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. BARB AAKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 <b>Transaction ID : SA11.70983</b>
Mailing Address 2625 SUMMIT DR		Amount of Each Receipt this Period 100.00
City LAKE OSWEGO	State OR	Zip Code 97034-3635
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. BARB AAKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : SA11.76411</b>
Mailing Address 2625 SUMMIT DR		Amount of Each Receipt this Period 25.00
City LAKE OSWEGO	State OR	Zip Code 97034-3635
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. BERT AERNI</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 <b>Transaction ID : SA11.71206</b>
Mailing Address 13659 W 59TH DR		Amount of Each Receipt this Period 50.00
City ARVADA	State CO	Zip Code 80004-3741
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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 13 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. ROBERT ANGELUCCI**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 CECELIA ACRES DR.

City WARMINSTER State PA Zip Code 18974-1681

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

Name of Employer CARDINAL Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : SA11.70959**

Amount of Each Receipt this Period 60.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MR. ROBERT ANGELUCCI**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 CECELIA ACRES DR.

City WARMINSTER State PA Zip Code 18974-1681

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

Name of Employer CARDINAL Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 18 / 2013  
**Transaction ID : SA11.76135**

Amount of Each Receipt this Period 75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MRS. HELEN AYERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 724 E 1000 NORTH RD

City BEMENT State IL Zip Code 61813-3715

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2013  
**Transaction ID : SA11.70984**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00

**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: (check only one)	PAGE 14 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MRS. HELEN AYERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 724 E 1000 NORTH RD

City BEMENT	State IL	Zip Code 61813-3715
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2013

**Transaction ID : SA11.70985**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

**B. MRS. HELEN AYERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 724 E 1000 NORTH RD

City BEMENT	State IL	Zip Code 61813-3715
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2013

**Transaction ID : SA11.75808**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

**C. MS. SUSAN D. BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5844 PILAR CT

City SAN JOSE	State CA	Zip Code 95120-1721
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11.68742**

Amount of Each Receipt this Period  

200.00
--------

**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 15 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. GERALD E. BENZINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 THOMAS MORE PKWY  
 City State Zip Code  
 FT MITCHELL KY 41017-3423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DBL LAW LAWYER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2013  
**Transaction ID : SA11.72798**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. ALLEN D. BERRY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2100 S BERRYS CHAPEL RD  
 City State Zip Code  
 FRANKLIN TN 37069-8302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2013  
**Transaction ID : SA11.71313**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. ALLEN D. BERRY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2100 S BERRYS CHAPEL RD  
 City State Zip Code  
 FRANKLIN TN 37069-8302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2013  
**Transaction ID : SA11.72259**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 16 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. LOIS E. BOOTH</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2013
Mailing Address P.O. BOX 389		<b>Transaction ID : SA11.71344</b>
City AULT	State CO	Zip Code 80610-0389
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. LOIS E. BOOTH</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2013
Mailing Address P.O. BOX 389		<b>Transaction ID : SA11.75854</b>
City AULT	State CO	Zip Code 80610-0389
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. HARRY L. BOTKIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2013
Mailing Address 150 PAINTBRUSH PATH		<b>Transaction ID : SA11.68907</b>
City NEW BRAUNFELS	State TX	Zip Code 78132-3347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SELF EMPLOYED	Occupation REAL ESTATE DEVELOPER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 17 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. OGNIAN BOUHLEV</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013 <b>Transaction ID : SA11.75440</b>
Mailing Address 116 HAMILTON AVE		Amount of Each Receipt this Period 150.00
City NEW ROCHELLE	State NY	Zip Code 10801-2805
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. MR. VINAL BOWYER</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2013 <b>Transaction ID : SA11.68909</b>
Mailing Address 2539 S WILLOW CREEK DR		Amount of Each Receipt this Period 50.00
City PERU	State IN	Zip Code 46970-7202
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C. MR. VINAL BOWYER</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2013 <b>Transaction ID : SA11.71345</b>
Mailing Address 2539 S WILLOW CREEK DR		Amount of Each Receipt this Period 200.00
City PERU	State IN	Zip Code 46970-7202
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 18 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. VINAL BOWYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2539 S WILLOW CREEK DR

City PERU	State IN	Zip Code 46970-7202
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

**Transaction ID : SA11.72799**

Amount of Each Receipt this Period  

200.00
--------

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**B. MR. GEORGE BRIDGMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1092 87TH AVE W

City DULUTH	State MN	Zip Code 55808-1419
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2013

**Transaction ID : SA11.70067**

Amount of Each Receipt this Period  

150.00
--------

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**C. MR. GEORGE BRIDGMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1092 87TH AVE W

City DULUTH	State MN	Zip Code 55808-1419
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

**Transaction ID : SA11.72736**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> 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 19 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. GEORGE BRIDGMAN</b>		Date of Receipt
Mailing Address 1092 87TH AVE W		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
DULUTH	MN	55808-1419
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.76141</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MS. LISA BRIGGS</b>		Date of Receipt
Mailing Address 3745 SEVILLE DR.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
FLORISSANT	MO	63033-2830
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.70238</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BJC	ACCOUNTANT	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. LISA BRIGGS</b>		Date of Receipt
Mailing Address 3745 SEVILLE DR.		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
FLORISSANT	MO	63033-2830
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.72722</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BJC	ACCOUNTANT	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 20 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. ROBINSON BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013
Mailing Address 3600 WOODSIDE RD		<b>Transaction ID : SA11.76241</b>
City LOUISVILLE	State KY	Zip Code 40222-5963
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. DANIEL BUCHANAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013
Mailing Address W4314 CENTER RD		<b>Transaction ID : SA11.69965</b>
City OWEN	State WI	Zip Code 54460-9102
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer SELF EMPLOYED	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. WALTER C. BURMEISTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013
Mailing Address 5314 S SPRINGFIELD AVE		<b>Transaction ID : SA11.70139</b>
City CHICAGO	State IL	Zip Code 60632-3729
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 21 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. WALTER C. BURMEISTER</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2013
Mailing Address 5314 S SPRINGFIELD AVE		<b>Transaction ID : SA11.71084</b>
City CHICAGO	State IL	Zip Code 60632-3729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. WALTER C. BURMEISTER</b>		Date of Receipt MM / DD / YYYY 12 / 04 / 2013
Mailing Address 5314 S SPRINGFIELD AVE		<b>Transaction ID : SA11.76232</b>
City CHICAGO	State IL	Zip Code 60632-3729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. MICHELE CALEBAUGH</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2013
Mailing Address 1291 SADDLEBRONC CT		<b>Transaction ID : SA11.69193</b>
City MINDEN	State NV	Zip Code 89423-8848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DISABLED	Occupation NA	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 22 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. MICHELE CALEBAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1291 SADDLEBRONC CT  
 City MINDEN State NV Zip Code 89423-8848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation NA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 04 / 2013**  
**Transaction ID : SA11.71335**  
 Amount of Each Receipt this Period **150.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. ALBERT CELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 WADAMS CT  
 City WEST ORANGE State NJ Zip Code 07052-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MANUFACTURE Occupation HAIR STYLIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 22 / 2013**  
**Transaction ID : SA11.72800**  
 Amount of Each Receipt this Period **200.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MS. ELEANOR L. COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 S VISTA ST  
 City LOS ANGELES State CA Zip Code 90036-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 17 / 2013**  
**Transaction ID : SA11.70968**  
 Amount of Each Receipt this Period **75.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **425.00**  
**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: (check only one)	PAGE 23 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. ELEANOR L. COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 S VISTA ST  
 City LOS ANGELES State CA Zip Code 90036-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2013  
**Transaction ID : SA11.72742**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. ELEANOR L. COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 S VISTA ST  
 City LOS ANGELES State CA Zip Code 90036-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11.75802**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MRS. M. COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11000 AVONLEA PL APT 303  
 City WOODSTOCK State GA Zip Code 30189-4909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2013  
**Transaction ID : SA11.71127**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> 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 24 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. HELEN E. COOK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 737 FAIRWAY TRAILS DRIVE

City BRIGHTON	State MI	Zip Code 48116-5957
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2013

**Transaction ID : SA11.71088**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MS. HELEN E. COOK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 737 FAIRWAY TRAILS DRIVE

City BRIGHTON	State MI	Zip Code 48116-5957
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11.71435**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DR. LOIS J. COPELAND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 SPARROWBUSH RD

City UPPER SADDLE RIVER	State NJ	Zip Code 07458-1400
----------------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation DOCTOR
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2013

**Transaction ID : SA11.68717**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 25 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. DR. LOIS J. COPELAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 SPARROWBUSH RD

City UPPER SADDLE RIVER State NJ Zip Code 07458-1400

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

Name of Employer SELF EMPLOYED Occupation DOCTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 30 / 2013  
Transaction ID : SA11.71336

Amount of Each Receipt this Period 150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MR. RICHARD A. COVINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 232 GLEN COVE AVE

City GLEN COVE State NY Zip Code 11542-4188

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

Name of Employer GLEN COVE AUTO SALVAGE, INC. Occupation AUTO SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2013  
Transaction ID : SA11.71089

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MR. RICHARD A. COVINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 232 GLEN COVE AVE

City GLEN COVE State NY Zip Code 11542-4188

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

Name of Employer GLEN COVE AUTO SALVAGE, INC. Occupation AUTO SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2013  
Transaction ID : SA11.72790

Amount of Each Receipt this Period 150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 27 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. SIMON D. DAVIDSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2013
Mailing Address 4107 TRENT LN		<b>Transaction ID : SA11.75857</b>
City LAKE CHARLES	State LA	Zip Code 70605-4290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. PAUL DESANTIS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2013
Mailing Address 35060 CANNON RD.		<b>Transaction ID : SA11.75848</b>
City BENTLEYVILLE	State OH	Zip Code 44022-3502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer BABCOCK & WILCOX	Occupation ENGINEER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. LOIS S. EDGERLY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013
Mailing Address 32 HIGHLAND ST.		<b>Transaction ID : SA11.70030</b>
City CAMBRIDGE	State MA	Zip Code 02138-2210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 28 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. LOIS S. EDGERLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 HIGHLAND ST.  
City CAMBRIDGE State MA Zip Code 02138-2210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 28 / 2013  
**Transaction ID : SA11.70894**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**B. MS. LOIS S. EDGERLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 HIGHLAND ST.  
City CAMBRIDGE State MA Zip Code 02138-2210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 27 / 2013  
**Transaction ID : SA11.72745**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**C. MS. LOIS S. EDGERLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 HIGHLAND ST.  
City CAMBRIDGE State MA Zip Code 02138-2210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11.75956**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**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: (check only one)	PAGE 29 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS. WILMA S. EDWARDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2013
Mailing Address P.O. BOX 2948		<b>Transaction ID : SA11.71093</b>
City DEL MAR State CA Zip Code 92014-5948	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 800.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MRS. WILMA S. EDWARDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2013
Mailing Address P.O. BOX 2948		<b>Transaction ID : SA11.71346</b>
City DEL MAR State CA Zip Code 92014-5948	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 800.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. WALTER EVANS</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2013
Mailing Address 4720 SHERIDAN AVE.		<b>Transaction ID : SA11.70281</b>
City METAIRIE State LA Zip Code 70002-1352	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 235.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 30 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. WALTER EVANS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4720 SHERIDAN AVE.  
City METAIRIE State LA Zip Code 70002-1352  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : SA11.70938**  
Amount of Each Receipt this Period 35.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**B. MR. WALTER EVANS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4720 SHERIDAN AVE.  
City METAIRIE State LA Zip Code 70002-1352  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 04 / 2013  
**Transaction ID : SA11.72023**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**C. MR. WALTER EVANS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4720 SHERIDAN AVE.  
City METAIRIE State LA Zip Code 70002-1352  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 04 / 2013  
**Transaction ID : SA11.76371**  
Amount of Each Receipt this Period 25.00  
CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 85.00  
**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: (check only one)	PAGE 31 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. BETTY FARMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1121 SADDLEBROOK DR

City CHATTANOOGA	State TN	Zip Code 37405-1939
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

**Transaction ID : SA11.68934**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MS. BETTY FARMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1121 SADDLEBROOK DR

City CHATTANOOGA	State TN	Zip Code 37405-1939
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11.71347**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MS. HELENA S. FISCHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18 FAR HILLS DR

City CINCINNATI	State OH	Zip Code 45208-3401
--------------------	-------------	------------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2013

**Transaction ID : SA11.72027**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> 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 32 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. ROBERT D. FISHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 727 S FLORIDA AVE

City DELAND	State FL	Zip Code 32720-6825
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2013

**Transaction ID : SA11.69460**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MR. ROBERT D. FISHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 727 S FLORIDA AVE

City DELAND	State FL	Zip Code 32720-6825
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2013

**Transaction ID : SA11.71348**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MR. ROBERT D. FISHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 727 S FLORIDA AVE

City DELAND	State FL	Zip Code 32720-6825
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

**Transaction ID : SA11.75439**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> 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 33 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. ROBERT D. FISHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 S FLORIDA AVE  
 City DELAND State FL Zip Code 32720-6825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11.76043**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. HENRY W. FREW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 VALLEY VIEW RD  
 City DANVILLE State PA Zip Code 17821-9377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FIELD TECH- SERVICES Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : SA11.70249**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. HENRY W. FREW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 VALLEY VIEW RD  
 City DANVILLE State PA Zip Code 17821-9377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FIELD TECH- SERVICES Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2013  
**Transaction ID : SA11.71031**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00  
**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: (check only one)	PAGE 34 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. HENRY W. FREW</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013 <b>Transaction ID : SA11.71553</b>
Mailing Address 35 VALLEY VIEW RD		Amount of Each Receipt this Period 1500.00
City DANVILLE	State PA	Zip Code 17821-9377
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer FIELD TECH- SERVICES	Occupation SALES	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>B. MR. HENRY W. FREW</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2013 <b>Transaction ID : SA11.72236</b>
Mailing Address 35 VALLEY VIEW RD		Amount of Each Receipt this Period 40.00
City DANVILLE	State PA	Zip Code 17821-9377
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer FIELD TECH- SERVICES	Occupation SALES	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>C. MR. FOSTER FRIESS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2013 <b>Transaction ID : SA11.73387</b>
Mailing Address P.O. BOX 9790		Amount of Each Receipt this Period 15000.00
City JACKSON	State WY	Zip Code 83002-9790
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer FRIESS ASSOC.	Occupation MONEY MANAGER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15090.00
<b>TOTAL</b> 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 35 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. GARY GATES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 457

City AT. HELENA	State CA	Zip Code 94574-0457
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2013  
**Transaction ID : SA11.58782**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. GARY GATES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 457

City AT. HELENA	State CA	Zip Code 94574-0457
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2013  
**Transaction ID : SA11.63233**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. GARY GATES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 457

City AT. HELENA	State CA	Zip Code 94574-0457
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2013  
**Transaction ID : SA11.65583**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 36 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. GARY GATES</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2013 <b>Transaction ID : SA11.68267</b>
Mailing Address P.O. BOX 457		Amount of Each Receipt this Period 600.00
City AT. HELENA	State CA	Zip Code 94574-0457
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. MS. DEBRA J. GEORGE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2013 <b>Transaction ID : SA11.70283</b>
Mailing Address 434 COUNTY ROAD 662		Amount of Each Receipt this Period 100.00
City CEDAR BLUFF	State AL	Zip Code 35959-4314
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MS. DEBRA J. GEORGE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : SA11.71559</b>
Mailing Address 434 COUNTY ROAD 662		Amount of Each Receipt this Period 50.00
City CEDAR BLUFF	State AL	Zip Code 35959-4314
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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 37 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. DEBRA J. GEORGE</b>		Date of Receipt
Mailing Address 434 COUNTY ROAD 662		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
CEDAR BLUFF	AL	35959-4314
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.72695</b>
HOMEMAKER	HOMEMAKER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="50.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM D. GEORGE</b>		Date of Receipt
Mailing Address 4957 COBBLER RD		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
SCHNECKSVILLE	PA	18078-2826
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.72750</b>
TELECOMMUNICATIONS	IRONTON TELEPHONE CO.	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="100.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM D. GEORGE</b>		Date of Receipt
Mailing Address 4957 COBBLER RD		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
SCHNECKSVILLE	PA	18078-2826
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.76046</b>
TELECOMMUNICATIONS	IRONTON TELEPHONE CO.	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="200.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 38 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)  
**A. MR. MICK GILLIG**

Mailing Address 17747 SE BLUESTEM ROAD

City KIOWA	State KS	Zip Code 67070-8510
---------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation CATTLE FARMER
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

**Transaction ID : SA11.69785**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MR. MICK GILLIG**

Mailing Address 17747 SE BLUESTEM ROAD

City KIOWA	State KS	Zip Code 67070-8510
---------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation CATTLE FARMER
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2013

**Transaction ID : SA11.71096**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT C. GLENN**

Mailing Address 13240 N TATUM BLVD.

City PHOENIX	State AZ	Zip Code 85032-6466
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : SA11.70033**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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 39 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT C. GLENN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2013
Mailing Address 13240 N TATUM BLVD.		<b>Transaction ID : SA11.71097</b>
City PHOENIX	State AZ	Zip Code 85032-6466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT C. GLENN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2013
Mailing Address 13240 N TATUM BLVD.		<b>Transaction ID : SA11.72725</b>
City PHOENIX	State AZ	Zip Code 85032-6466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT C. GLENN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2013
Mailing Address 13240 N TATUM BLVD.		<b>Transaction ID : SA11.75958</b>
City PHOENIX	State AZ	Zip Code 85032-6466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 40 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. SAMUEL GRAFFIOUS JR.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2013 <b>Transaction ID : SA11.72792</b>
Mailing Address 1292 RIVERSIDE AVE		Amount of Each Receipt this Period 150.00
City BALTIMORE	State MD	Zip Code 21230-4324
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT GREEN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : SA11.70150</b>
Mailing Address 205 LANDFALL RD. NW		Amount of Each Receipt this Period 50.00
City ATLANTA	State GA	Zip Code 30328-1825
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT GREEN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2013 <b>Transaction ID : SA11.71562</b>
Mailing Address 205 LANDFALL RD. NW		Amount of Each Receipt this Period 50.00
City ATLANTA	State GA	Zip Code 30328-1825
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 41 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT GREEN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2013 <b>Transaction ID : SA11.76049</b>
Mailing Address 205 LANDFALL RD. NW		Amount of Each Receipt this Period 300.00
City ATLANTA	State GA	Zip Code 30328-1825
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. TERRY L. GRISHAM</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2013 <b>Transaction ID : SA11.69472</b>
Mailing Address 23900 WELD COUNTY ROAD 34.5		Amount of Each Receipt this Period 100.00
City LA SALLE	State CO	Zip Code 80645-9601
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MR. TERRY L. GRISHAM</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2013 <b>Transaction ID : SA11.71337</b>
Mailing Address 23900 WELD COUNTY ROAD 34.5		Amount of Each Receipt this Period 150.00
City LA SALLE	State CO	Zip Code 80645-9601
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 42 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. CHET HAIBEL</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2013 <b>Transaction ID : SA11.71099</b>
Mailing Address 1891 E GRAND CANYON DR		Amount of Each Receipt this Period 100.00
City MERIDIAN	State ID	Zip Code 83646-5246
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HAIBEL CONSULTING LLC	Occupation CONSULTANT	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. MR. CHET HAIBEL</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2013 <b>Transaction ID : SA11.76160</b>
Mailing Address 1891 E GRAND CANYON DR		Amount of Each Receipt this Period 100.00
City MERIDIAN	State ID	Zip Code 83646-5246
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HAIBEL CONSULTING LLC	Occupation CONSULTANT	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MS. PHYLLIS M. HAMILTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : SA11.68681</b>
Mailing Address 38120 STATE RTE. 518		Amount of Each Receipt this Period 50.00
City LISBON	State OH	Zip Code 44432-9712
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 43 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. PHYLLIS M. HAMILTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38120 STATE RTE. 518  
 City LISBON State OH Zip Code 44432-9712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : SA11.71567**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. PHYLLIS M. HAMILTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38120 STATE RTE. 518  
 City LISBON State OH Zip Code 44432-9712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 03 / 2013  
**Transaction ID : SA11.76006**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. CHARLES L. HAMMOND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 STEVENSON ST  
 City SAYRE State PA Zip Code 18840-1747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2013  
**Transaction ID : SA11.69946**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**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: (check only one)	PAGE 44 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. CHARLES L. HAMMOND</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2013 <b>Transaction ID : SA11.71568</b>
Mailing Address 404 STEVENSON ST		Amount of Each Receipt this Period 250.00
City SAYRE	State PA	Zip Code 18840-1747
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MS. IMOGENE H. HAMMOND</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2013 <b>Transaction ID : SA11.71338</b>
Mailing Address 701 BROWN ST		Amount of Each Receipt this Period 150.00
City COLUMBIA	State TN	Zip Code 38401-3931
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. MS. IMOGENE H. HAMMOND</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2013 <b>Transaction ID : SA11.75752</b>
Mailing Address 701 BROWN ST		Amount of Each Receipt this Period 30.00
City COLUMBIA	State TN	Zip Code 38401-3931
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> 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 45 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. PEGGY HAMRICK</b>		Date of Receipt
Mailing Address 3324 W 19TH AVE TRLR 101		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNEWICK	WA	99338-2292
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.70123</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. AILEEN A. HARLINE</b>		Date of Receipt
Mailing Address 412 LONE OAK DR.		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAINT LOUIS	MO	63119-1322
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.69789</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. BARBARA HARLOE</b>		Date of Receipt
Mailing Address 234 LYNN ST.		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
HARRINGTON PARK	NJ	07640-1325
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.75442</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WORLD FINER FOODS INC	SALES	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 46 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. NANCY W. HASELHORST</b>		Date of Receipt
Mailing Address 6205 MINERAL POINT RD APT 810		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
MADISON	WI	53705-4581
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.68942</b>
RETIRED	RETIRED	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="220.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼		NON CONTRIBUTION ACCOUNT
<input type="text" value="220.00"/>		

Full Name (Last, First, Middle Initial) <b>B. MS. SHIRLEY H. HENDERSON</b>		Date of Receipt
Mailing Address P.O. BOX 787		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
BEAVERCREEK	OR	97004-0787
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.68732</b>
RETIRED	RETIRED	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="200.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼		NON CONTRIBUTION ACCOUNT
<input type="text" value="550.00"/>		

Full Name (Last, First, Middle Initial) <b>C. MR. LUMAN W. HOLMAN</b>		Date of Receipt
Mailing Address P.O. BOX 1528		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
JACKSONVILLE	TX	75766-1528
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.71173</b>
SELF EMPLOYED	LOGGER	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼		NON CONTRIBUTION ACCOUNT
<input type="text" value="250.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="260.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="260.00"/>

**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 47 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. LUMAN W. HOLMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013
Mailing Address P.O. BOX 1528		<b>Transaction ID : SA11.75843</b>
City JACKSONVILLE	State TX	Zip Code 75766-1528
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer SELF EMPLOYED	Occupation LOGGER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. LUMAN W. HOLMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2013
Mailing Address P.O. BOX 1528		<b>Transaction ID : SA11.76090</b>
City JACKSONVILLE	State TX	Zip Code 75766-1528
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer SELF EMPLOYED	Occupation LOGGER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. MARGARET F. HOTZE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2013
Mailing Address 5440 ALDER DR.		<b>Transaction ID : SA11.69793</b>
City HOUSTON	State TX	Zip Code 77081-1704
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 48 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. STANLEY HOWLE</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2013
Mailing Address P.O. BOX 2931		<b>Transaction ID : SA11.69794</b>
City LUBBOCK	State TX	Zip Code 79408-2931
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer H&H TRAILER SALES	Occupation TRAILER SALESMAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. STANLEY HOWLE</b>		Date of Receipt MM / DD / YYYY 10 / 07 / 2013
Mailing Address P.O. BOX 2931		<b>Transaction ID : SA11.71339</b>
City LUBBOCK	State TX	Zip Code 79408-2931
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer H&H TRAILER SALES	Occupation TRAILER SALESMAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. JOYCE IANCOVICI</b>		Date of Receipt MM / DD / YYYY 11 / 01 / 2013
Mailing Address 5235 E WAGONER RD		<b>Transaction ID : SA11.72752</b>
City SCOTTSDALE	State AZ	Zip Code 85254-7635
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer SWISS TOUCH	Occupation OWNER/MANAGER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 49 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. RICHARD D. JACOBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4009 OREGON ST  
 City BAKERSFIELD State CA Zip Code 93306-4583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **229.00**

Date of Receipt **12 / 09 / 2013**  
**Transaction ID : SA11.76092**  
 Amount of Each Receipt this Period **25.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. EDWARD J. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5160 N SABINO FOOTHILLS DR.  
 City TUCSON State AZ Zip Code 85750-9619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt **09 / 09 / 2013**  
**Transaction ID : SA11.70125**  
 Amount of Each Receipt this Period **40.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. EDWARD J. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5160 N SABINO FOOTHILLS DR.  
 City TUCSON State AZ Zip Code 85750-9619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt **11 / 29 / 2013**  
**Transaction ID : SA11.72727**  
 Amount of Each Receipt this Period **75.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **140.00**  
**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: (check only one)	PAGE 50 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. EDWARD J. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5160 N SABINO FOOTHILLS DR.

City TUCSON	State AZ	Zip Code 85750-9619
----------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE BROKER
-----------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2013

**Transaction ID : SA11.72753**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MR. JOHN JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 SE 35TH TER

City CAPE CORAL	State FL	Zip Code 33904-4941
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

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
09	/	11	/	2013

**Transaction ID : SA11.69485**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MR. JOHN JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 SE 35TH TER

City CAPE CORAL	State FL	Zip Code 33904-4941
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

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
11	/	29	/	2013

**Transaction ID : SA11.72803**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 51 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. PATRICIA I. JONES</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2013 <b>Transaction ID : SA11.71287</b>
Mailing Address 108 CONDOR COURT		Amount of Each Receipt this Period 25.00
City WOODSTOCK	State GA	Zip Code 30188-5575
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. MS. GAYLE KASTE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2013 <b>Transaction ID : SA11.69200</b>
Mailing Address P.O. BOX 8		Amount of Each Receipt this Period 100.00
City NORTHPORT	State WA	Zip Code 99157-0008
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. MS. GAYLE KASTE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 <b>Transaction ID : SA11.71106</b>
Mailing Address P.O. BOX 8		Amount of Each Receipt this Period 100.00
City NORTHPORT	State WA	Zip Code 99157-0008
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 52 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. GAYLE KASTE</b>		Date of Receipt
Mailing Address P.O. BOX 8		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORTHPORT	WA	99157-0008
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.76233</b>
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	<input type="text" value="150.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. BILL J. KEEN</b>		Date of Receipt
Mailing Address 19087 DIXIE BELLE LN		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
BUMPASS	VA	23024-2011
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.71107</b>
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="100.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. SANDRA KEETH</b>		Date of Receipt
Mailing Address 3300 EDENVALE ROAD		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
FAIRFAX	VA	22031-2714
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.69157</b>
AJ RIZKALLA	RDH	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="75.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 53 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. SANDRA KEETH</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2013 <b>Transaction ID : SA11.70514</b>
Mailing Address 3300 EDENVALE ROAD		Amount of Each Receipt this Period 50.00
City FAIRFAX	State VA	Zip Code 22031-2714
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer AJ RIZKALLA	Occupation RDH	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MS. SANDRA KEETH</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2013 <b>Transaction ID : SA11.75736</b>
Mailing Address 3300 EDENVALE ROAD		Amount of Each Receipt this Period 25.00
City FAIRFAX	State VA	Zip Code 22031-2714
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer AJ RIZKALLA	Occupation RDH	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MS. LOUISE F. KELLY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2013 <b>Transaction ID : SA11.72716</b>
Mailing Address 11869 CENTER RD		Amount of Each Receipt this Period 50.00
City TRAVERSE CITY	State MI	Zip Code 49686-8887
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 54 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. BARBARA A. KOZLOWSKI</b>		Date of Receipt
Mailing Address 242 SEABURY RD		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
BOLINGBROOK	IL	60440-2412
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.70368</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LIBRARIAN	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MS. BARBARA A. KOZLOWSKI</b>		Date of Receipt
Mailing Address 242 SEABURY RD		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
BOLINGBROOK	IL	60440-2412
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.70518</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LIBRARIAN	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. HILDA L. LEWIS</b>		Date of Receipt
Mailing Address 3440 BRUSH CREEK RD		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
OKLAHOMA CITY	OK	73120-1848
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.69515</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LEWIS MANUFACTURING COMPANY	CEO	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="311.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 55 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. HILDA L. LEWIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2013 <b>Transaction ID : SA11.75709</b>
Mailing Address 3440 BRUSH CREEK RD		Amount of Each Receipt this Period 50.00
City OKLAHOMA CITY	State OK	Zip Code 73120-1848
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer LEWIS MANUFACTURING COMPANY	Occupation CEO	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. MARGARET L. LOPES</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 <b>Transaction ID : SA11.69830</b>
Mailing Address 1721 N LAUREL AVE		Amount of Each Receipt this Period 50.00
City UPLAND	State CA	Zip Code 91784-2798
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. MARGARET L. LOPES</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : SA11.70523</b>
Mailing Address 1721 N LAUREL AVE		Amount of Each Receipt this Period 50.00
City UPLAND	State CA	Zip Code 91784-2798
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 57 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS. MARIE D. MASTERS</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2013
Mailing Address P.O. BOX 302		<b>Transaction ID : SA11.69312</b>
City WEBSTER	State WI	Zip Code 54893-0302
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MRS. MARIE D. MASTERS</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2013
Mailing Address P.O. BOX 302		<b>Transaction ID : SA11.70530</b>
City WEBSTER	State WI	Zip Code 54893-0302
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MRS. MARIE D. MASTERS</b>		Date of Receipt MM / DD / YYYY 11 / 29 / 2013
Mailing Address P.O. BOX 302		<b>Transaction ID : SA11.72316</b>
City WEBSTER	State WI	Zip Code 54893-0302
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 58 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS. MARIE D. MASTERS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address P.O. BOX 302		<b>Transaction ID : SA11.75788</b>
City WEBSTER	State WI	Zip Code 54893-0302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. JANET ROBINSON MAYS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013
Mailing Address 1092 SIDDONSBURG RD		<b>Transaction ID : SA11.68879</b>
City MECHANICSBURG	State PA	Zip Code 17055-6060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. JANET ROBINSON MAYS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2013
Mailing Address 1092 SIDDONSBURG RD		<b>Transaction ID : SA11.71540</b>
City MECHANICSBURG	State PA	Zip Code 17055-6060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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 59 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. JANET ROBINSON MAYS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1092 SIDDONSBURG RD  
 City State Zip Code  
 MECHANICSBURG PA 17055-6060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2013  
**Transaction ID : SA11.72098**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. JANET ROBINSON MAYS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1092 SIDDONSBURG RD  
 City State Zip Code  
 MECHANICSBURG PA 17055-6060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11.75436**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. GEORGE P. MCANDREWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1490 LAKE SHORE DRIVE S.  
 City State Zip Code  
 BARRINGTON IL 60010-3532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MCANDREW, HELD & MOLLEY ATTORNEY  
 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  
 10 / 25 / 2013  
**Transaction ID : SA11.64074**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> 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 61 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MCGRATH</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2013 <b>Transaction ID : SA11.64412</b>
Mailing Address 2150 JEFFERSON LANE		Amount of Each Receipt this Period 2500.00
City HUNTINGDON VALLEY	State PA	Zip Code 19006-6040
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation ENTREPRENEUR	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. MS. MARLENE MCLEOD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 <b>Transaction ID : SA11.72758</b>
Mailing Address 4540 SE 48TH PLACE RD		Amount of Each Receipt this Period 100.00
City OCALA	State FL	Zip Code 34480-4909
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MS. MARLENE MCLEOD</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2013 <b>Transaction ID : SA11.76153</b>
Mailing Address 4540 SE 48TH PLACE RD		Amount of Each Receipt this Period 100.00
City OCALA	State FL	Zip Code 34480-4909
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> 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 62 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. MICHAEL R. MIDKIFF</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : SA11.72760</b>
Mailing Address 1609 LIESCHEN CT		Amount of Each Receipt this Period 100.00
City ARLINGTON	State TX	Zip Code 76012-2245
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. MICHAEL R. MIDKIFF</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2013 <b>Transaction ID : SA11.76236</b>
Mailing Address 1609 LIESCHEN CT		Amount of Each Receipt this Period 150.00
City ARLINGTON	State TX	Zip Code 76012-2245
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. LARRY MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2013 <b>Transaction ID : SA11.69773</b>
Mailing Address 2301 SE 59TH AVE		Amount of Each Receipt this Period 100.00
City PORTLAND	State OR	Zip Code 97215-4017
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 63 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS. LARRY MILLER</b>		Date of Receipt MM / DD / YYYY 11 / 08 / 2013
Mailing Address 2301 SE 59TH AVE		<b>Transaction ID : SA11.72761</b>
City PORTLAND	State OR	Zip Code 97215-4017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MRS. MARGARET F. MILLER</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2013
Mailing Address 13553 KENSINGTON PL		<b>Transaction ID : SA11.71198</b>
City CARMEL	State IN	Zip Code 46032-5360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MRS. MARGARET F. MILLER</b>		Date of Receipt MM / DD / YYYY 10 / 10 / 2013
Mailing Address 13553 KENSINGTON PL		<b>Transaction ID : SA11.71636</b>
City CARMEL	State IN	Zip Code 46032-5360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> 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 64 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MRS. MARGARET F. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13553 KENSINGTON PL  
 City State Zip Code  
 CARMEL IN 46032-5360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2013  
**Transaction ID : SA11.75543**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. ANN R. MINTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 PARK ST  
 City State Zip Code  
 ROSELAND NJ 07068-1229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2013  
**Transaction ID : SA11.75858**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. CHARLES D. MISSAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5420 CONNECTICUT AVE. NW  
 CHEVY CHASE HOUSE RM. 420  
 City State Zip Code  
 WASHINGTON DC 20015-2832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : SA11.72728**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> 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 65 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. CHARLES D. MISSAR</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2013 <b>Transaction ID : SA11.76139</b>
Mailing Address 5420 CONNECTICUT AVE. NW CHEVY CHASE HOUSE RM. 420		Amount of Each Receipt this Period 75.00
City WASHINGTON	State DC	Zip Code 20015-2832
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. LEE ROY MITCHELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : SA11.64320</b>
Mailing Address 12400 COIT RD.		Amount of Each Receipt this Period 1000.00
City DALLAS	State TX	Zip Code 75251-2069
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer CINEMARK, USA	Occupation EXECUTIVE CHAIRMAN	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. MS. MARIA M. MONTEZ</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2013 <b>Transaction ID : SA11.71739</b>
Mailing Address 3450 E PRESIDIO RD		Amount of Each Receipt this Period 25.00
City TUCSON	State AZ	Zip Code 85716-1622
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> 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 66 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. MARIA M. MONTEZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2013
Mailing Address 3450 E PRESIDIO RD		<b>Transaction ID : SA11.72763</b>
City TUCSON	State AZ	Zip Code 85716-1622
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. BRENDA L. MONTGOMERY</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013
Mailing Address 3823 N MOLTER RD.		<b>Transaction ID : SA11.69832</b>
City OTIS ORCHARDS	State WA	Zip Code 99027-8304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer WHISPERING FALLS	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. BRENDA L. MONTGOMERY</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2013
Mailing Address 3823 N MOLTER RD.		<b>Transaction ID : SA11.76063</b>
City OTIS ORCHARDS	State WA	Zip Code 99027-8304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer WHISPERING FALLS	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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 67 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. MICHAEL J. MONTGOMERY</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2013 <b>Transaction ID : SA11.71639</b>
Mailing Address 502 CROWN PASSAGE DR.		Amount of Each Receipt this Period 50.00
City SAINT CHARLES	State MO	Zip Code 63303-6293
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer CITI BANK	Occupation MARKETING MANAGER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. MR. MICHAEL J. MONTGOMERY</b>		Date of Receipt MM / DD / YYYY 11 / 25 / 2013 <b>Transaction ID : SA11.72793</b>
Mailing Address 502 CROWN PASSAGE DR.		Amount of Each Receipt this Period 150.00
City SAINT CHARLES	State MO	Zip Code 63303-6293
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer CITI BANK	Occupation MARKETING MANAGER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM D. MORGAN</b>		Date of Receipt MM / DD / YYYY 10 / 02 / 2013 <b>Transaction ID : SA11.71341</b>
Mailing Address 3110 DEL RIO PIKE		Amount of Each Receipt this Period 150.00
City FRANKLIN	State TN	Zip Code 37069-6761
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer BOYSHARDS SONS CO.	Occupation CUSTOMER SERVICE REPRESN	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 68 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. WILLIAM D. MORGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3110 DEL RIO PIKE  
 City FRANKLIN State TN Zip Code 37069-6761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BOYSHARDS SONS CO. Occupation CUSTOMER SERVICE REPRESN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11.76235**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MRS. RUTH MORTIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 234TH AVE.  
 City MARSHALL State MN Zip Code 56258-5459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 11 / 2013**  
**Transaction ID : SA11.70391**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MRS. RUTH MORTIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 234TH AVE.  
 City MARSHALL State MN Zip Code 56258-5459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 07 / 2013**  
**Transaction ID : SA11.71644**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 69 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. MALCOM L. MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 583 SPORTSMANS RD

City ULSTER State PA Zip Code 18850-8374

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11.71060**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MS. IRENE M. NAVRATIL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10720 S WASHINGTON ST  
APT 105

City OAK LAWN State IL Zip Code 60453-6324

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2013

**Transaction ID : SA11.68906**

Amount of Each Receipt this Period  
 75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MS. IRENE M. NAVRATIL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10720 S WASHINGTON ST  
APT 105

City OAK LAWN State IL Zip Code 60453-6324

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2013

**Transaction ID : SA11.71219**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

**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: (check only one)	PAGE 70 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. IRENE M. NAVRATIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10720 S WASHINGTON ST  
 APT 105  
 City OAK LAWN State IL Zip Code 60453-6324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **775.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11.71350**  
 Amount of Each Receipt this Period **200.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. IRENE M. NAVRATIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10720 S WASHINGTON ST  
 APT 105  
 City OAK LAWN State IL Zip Code 60453-6324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **775.00**

Date of Receipt **11 / 29 / 2013**  
**Transaction ID : SA11.72804**  
 Amount of Each Receipt this Period **200.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MS. BETTY J. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2475 RIVER RD  
 APT 129  
 City DECORAH State IA Zip Code 52101-7678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt **10 / 07 / 2013**  
**Transaction ID : SA11.71061**  
 Amount of Each Receipt this Period **35.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **435.00**  
**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: (check only one)	PAGE 71 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. BETTY J. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2475 RIVER RD  
 APT 129  
 City DECORAH State IA Zip Code 52101-7678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 27 / 2013  
**Transaction ID : SA11.72213**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. BETTY J. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2475 RIVER RD  
 APT 129  
 City DECORAH State IA Zip Code 52101-7678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 30 / 2013  
**Transaction ID : SA11.75489**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MS. ROSEMARY ORTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 MICHEL AVE  
 City MODESTO State CA Zip Code 95358-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : SA11.71651**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**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: (check only one)	PAGE 72 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. ROSEMARY ORTH</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 <b>Transaction ID : SA11.71652</b>
Mailing Address 1900 MICHEL AVE		Amount of Each Receipt this Period 50.00
City MODESTO	State CA	Zip Code 95358-2220
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MS. ROSEMARY ORTH</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2013 <b>Transaction ID : SA11.75884</b>
Mailing Address 1900 MICHEL AVE		Amount of Each Receipt this Period 50.00
City MODESTO	State CA	Zip Code 95358-2220
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MR. DALE OYHUS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2013 <b>Transaction ID : SA11.69955</b>
Mailing Address 13973 FRANKS CREEK RD		Amount of Each Receipt this Period 150.00
City MEDORA	State ND	Zip Code 58645-9700
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation OWNER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 73 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. DALE OYHUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 13973 FRANKS CREEK RD

City MEDORA	State ND	Zip Code 58645-9700
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation OWNER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2013

**Transaction ID : SA11.70973**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MR. DALE OYHUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 13973 FRANKS CREEK RD

City MEDORA	State ND	Zip Code 58645-9700
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation OWNER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2013

**Transaction ID : SA11.75853**

Amount of Each Receipt this Period  
160.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. DIANNE PASCHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 SE RANCH RD

City JUPITER	State FL	Zip Code 33478-2118
-----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : SA11.69085**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> 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 74 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. DIANNE PASCHEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 SE RANCH RD  
 City JUPITER State FL Zip Code 33478-2118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : SA11.69086**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MRS. LELA M. PIVONKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2503 COUNTY ROAD 100  
 City CALDWELL State TX Zip Code 77836-1788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2013  
**Transaction ID : SA11.72330**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MRS. LELA M. PIVONKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2503 COUNTY ROAD 100  
 City CALDWELL State TX Zip Code 77836-1788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2013  
**Transaction ID : SA11.75633**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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 75 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS. LELA M. PIVONKA</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2013
Mailing Address 2503 COUNTY ROAD 100		<b>Transaction ID : SA11.75717</b>
City CALDWELL	State TX	Zip Code 77836-1788
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH B. PLUGGE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2013
Mailing Address 817 CAMINO DEL REY DR		<b>Transaction ID : SA11.69181</b>
City LADY LAKE	State FL	Zip Code 32159-9152
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. LARRY POPPLEWELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2013
Mailing Address 7328 KIRKHAM		<b>Transaction ID : SA11.70396</b>
City DALLAS	State TX	Zip Code 75252-6338
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 76 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. LARRY POPPLEWELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : SA11.72332</b>
Mailing Address 7328 KIRKHAM		Amount of Each Receipt this Period 225.00
City DALLAS State TX Zip Code 75252-6338	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date 225.00	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. LARRY POPPLEWELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2013 <b>Transaction ID : SA11.76161</b>
Mailing Address 7328 KIRKHAM		Amount of Each Receipt this Period 100.00
City DALLAS State TX Zip Code 75252-6338	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date 225.00	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. ELIZABETH POWELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2013 <b>Transaction ID : SA11.72794</b>
Mailing Address 10050 WHITE SHOP RD		Amount of Each Receipt this Period 150.00
City CULPEPER State VA Zip Code 22701-8365	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date 300.00	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 77 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS. AILEEN RAWLINGS</b>		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 <b>Transaction ID : SA11.72771</b>
Mailing Address 106 O ST APT 102 APARTMENT 402		Amount of Each Receipt this Period 100.00
City SAINT PAUL State NE Zip Code 68873-1338	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer SELF-EMPLOYED Occupation INFORMATION REQUESTED PER BEST EFF	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NON CONTRIBUTION ACCOUNT
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. MR. ERIK RENKEN</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : SA11.70301</b>
Mailing Address 401 OSCAR ST		Amount of Each Receipt this Period 60.00
City EL CAMPO State TX Zip Code 77437-5034	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer VITAMIN POWER INC. Occupation SALES	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NON CONTRIBUTION ACCOUNT
Aggregate Year-to-Date ▼ 385.00		

Full Name (Last, First, Middle Initial) <b>C. MR. ERIK RENKEN</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2013 <b>Transaction ID : SA11.70975</b>
Mailing Address 401 OSCAR ST		Amount of Each Receipt this Period 75.00
City EL CAMPO State TX Zip Code 77437-5034	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer VITAMIN POWER INC. Occupation SALES	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NON CONTRIBUTION ACCOUNT
Aggregate Year-to-Date ▼ 385.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> 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 78 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. ERIK RENKEN</b>		Date of Receipt MM / DD / YYYY 12 / 05 / 2013
Mailing Address 401 OSCAR ST		<b>Transaction ID : SA11.76140</b>
City EL CAMPO	State TX	Zip Code 77437-5034
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00	
Name of Employer VITAMIN POWER INC.	Occupation SALES	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MRS. CAROLYN ROSER</b>		Date of Receipt MM / DD / YYYY 11 / 14 / 2013
Mailing Address 4026 HUTH DR		<b>Transaction ID : SA11.72186</b>
City FORT WAYNE	State IN	Zip Code 46804-6106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. MARGARET M. RUSKIN</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2013
Mailing Address 333 E CARIBBEAN LN		<b>Transaction ID : SA11.69541</b>
City PHOENIX	State AZ	Zip Code 85022-3637
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> 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 79 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. MARGARET M. RUSKIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 E CARIBBEAN LN  
 City PHOENIX State AZ Zip Code 85022-3637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **575.00**

Date of Receipt **10 / 04 / 2013**  
**Transaction ID : SA11.71351**  
 Amount of Each Receipt this Period **200.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. ANNE M. RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5402 PENNOCK POINT ROAD  
 City JUPITER State FL Zip Code 33458-3448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation MUSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **725.00**

Date of Receipt **10 / 16 / 2013**  
**Transaction ID : SA11.71225**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MS. ANNE M. RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5402 PENNOCK POINT ROAD  
 City JUPITER State FL Zip Code 33458-3448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation MUSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **725.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11.71226**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> 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 80 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. ANNE M. RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5402 PENNOCK POINT ROAD

City JUPITER	State FL	Zip Code 33458-3448
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation MUSICIAN
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11.76226**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MS. ANNE M. RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5402 PENNOCK POINT ROAD

City JUPITER	State FL	Zip Code 33458-3448
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation MUSICIAN
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : SA11.76234**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MR. ALEXANDER SALAMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 DORCHESTER SQ. N

City WESTERVILLE	State OH	Zip Code 43081-7314
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation CPA
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2013  
**Transaction ID : SA11.71352**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 81 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. ALEXANDER SALAMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 DORCHESTER SQ. N  
 City WESTERVILLE State OH Zip Code 43081-7314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 09 / 2013  
**Transaction ID : SA11.76237**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. RUSSELL L. SANDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3512 IRISH CREEK RD  
 City SCHERTZ State TX Zip Code 78154-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SANDS FINANCIAL Occupation FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : SA11.69835**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. RUSSELL L. SANDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3512 IRISH CREEK RD  
 City SCHERTZ State TX Zip Code 78154-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SANDS FINANCIAL Occupation FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 28 / 2013  
**Transaction ID : SA11.71678**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> 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 82 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. HENRY SCHOLTEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2013 <b>Transaction ID : SA11.72775</b>
Mailing Address 7166 WISER SHORE LN		Amount of Each Receipt this Period 100.00
City LYNDEN	State WA	Zip Code 98264-9638
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. MR. HENRY SCHOLTEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2013 <b>Transaction ID : SA11.75809</b>
Mailing Address 7166 WISER SHORE LN		Amount of Each Receipt this Period 100.00
City LYNDEN	State WA	Zip Code 98264-9638
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. CLARICE SECORD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : SA11.68836</b>
Mailing Address 10660 SILVER LAKE RD		Amount of Each Receipt this Period 100.00
City BRIGHTON	State MI	Zip Code 48116-8603
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation TEACHER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 83 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. MARY L. SHEEHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14665 PRESTON RD  
 NO 200  
 City DALLAS State TX Zip Code 75254-7880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2013  
**Transaction ID : SA11.69315**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. MARY L. SHEEHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14665 PRESTON RD  
 NO 200  
 City DALLAS State TX Zip Code 75254-7880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2013  
**Transaction ID : SA11.70976**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. ROBERT H. SHEIDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 NOB HILL DR  
 City EPHRATA State WA Zip Code 98823-1756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED PHYSICAL THERAPIST RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : SA11.69550**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00  
**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: (check only one)	PAGE 84 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. ROBERT H. SHEIDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 NOB HILL DR  
 City EPHRATA State WA Zip Code 98823-1756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED PHYSICAL THERAPIST Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 09 / 2013  
**Transaction ID : SA11.70138**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. ROBERT H. SHEIDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 NOB HILL DR  
 City EPHRATA State WA Zip Code 98823-1756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED PHYSICAL THERAPIST Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : SA11.71685**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. ROBERT H. SHEIDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 NOB HILL DR  
 City EPHRATA State WA Zip Code 98823-1756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED PHYSICAL THERAPIST Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 04 / 2013  
**Transaction ID : SA11.72410**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 85 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. ROBERT H. SHEIDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 NOB HILL DR  
 City EPHRATA State WA Zip Code 98823-1756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED PHYSICAL THERAPIST Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 29 / 2013  
**Transaction ID : SA11.72776**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. BARBARA J. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3222 E HAMPSHIRE AVE  
 City MILWAUKEE State WI Zip Code 53211-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 09 / 2013  
**Transaction ID : SA11.71353**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MS. BOBBIE SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11871 INDIAN CREEK RD  
 City DUNCANVILLE State AL Zip Code 35456-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 06 / 2013  
**Transaction ID : SA11.69557**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**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: (check only one)	PAGE 86 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. BOBBIE SMITH</b>		Date of Receipt MM / DD / YYYY 12 / 18 / 2013
Mailing Address 11871 INDIAN CREEK RD		<b>Transaction ID : SA11.76238</b>
City DUNCANVILLE	State AL	Zip Code 35456-2719
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. HELEN W. SMITH</b>		Date of Receipt MM / DD / YYYY 11 / 06 / 2013
Mailing Address 629 W ROSE HILL AVE		<b>Transaction ID : SA11.72777</b>
City SAINT LOUIS	State MO	Zip Code 63122-5700
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. JANET SOPPE</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2013
Mailing Address 3636 SHADY BROOK DR		<b>Transaction ID : SA11.69913</b>
City BEDFORD	State TX	Zip Code 76021-2316
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 87 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. JANET SOPPE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 <b>Transaction ID : SA11.71689</b>
Mailing Address 3636 SHADY BROOK DR		Amount of Each Receipt this Period 50.00
City BEDFORD	State TX	Zip Code 76021-2316
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MS. JANET SOPPE</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2013 <b>Transaction ID : SA11.72778</b>
Mailing Address 3636 SHADY BROOK DR		Amount of Each Receipt this Period 100.00
City BEDFORD	State TX	Zip Code 76021-2316
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN SPENCER</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : SA11.75852</b>
Mailing Address 2318 COUNTRY CLUB PKWY		Amount of Each Receipt this Period 150.00
City GARLAND	State TX	Zip Code 75041-2149
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 88 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. JACK STANLEY</b>		Date of Receipt
Mailing Address 1812 PINE ST		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
LIBERTY	TX	77575-3212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.69024</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS	<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	CONTRIBUTION
	<input type="text" value="650.00"/>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. JACK STANLEY</b>		Date of Receipt
Mailing Address 1812 PINE ST		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
LIBERTY	TX	77575-3212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.71342</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS	<input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	CONTRIBUTION
	<input type="text" value="650.00"/>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. JACK STANLEY</b>		Date of Receipt
Mailing Address 1812 PINE ST		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
LIBERTY	TX	77575-3212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.72806</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS	<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	CONTRIBUTION
	<input type="text" value="650.00"/>	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 89 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. JACK STANLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2013 <b>Transaction ID : SA11.72807</b>
Mailing Address 1812 PINE ST		Amount of Each Receipt this Period 200.00
City LIBERTY	State TX	Zip Code 77575-3212
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JEFFREY STEINKAMP</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2013 <b>Transaction ID : SA11.71231</b>
Mailing Address P.O. BOX 98		Amount of Each Receipt this Period 100.00
City ROCHESTER	State VT	Zip Code 05767-0098
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES F. STEPHENSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 <b>Transaction ID : SA11.70795</b>
Mailing Address 6634 N 150 W		Amount of Each Receipt this Period 50.00
City DENVER	State IN	Zip Code 46926-9174
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 90 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. JAMES F. STEPHENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6634 N 150 W

City DENVER	State IN	Zip Code 46926-9174
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : SA11.70796**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MR. JOHN STEUBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 ABERDEEN PL

City CLAYTON	State MO	Zip Code 63105-2273
-----------------	-------------	------------------------

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

Name of Employer JOHN J. STEUBY CO.	Occupation OWNER
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11.76242**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MS. LEIGH A. STEWART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3215 E CHANDLER AVE

City EVANSVILLE	State IN	Zip Code 47714-0416
--------------------	-------------	------------------------

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

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : SA11.69559**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 91 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. LEIGH A. STEWART</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013 <b>Transaction ID : SA11.71202</b>
Mailing Address 3215 E CHANDLER AVE		Amount of Each Receipt this Period 40.00
City EVANSVILLE	State IN	Zip Code 47714-0416
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer N/A	Occupation N/A	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>B. MS. LEIGH A. STEWART</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2013 <b>Transaction ID : SA11.72730</b>
Mailing Address 3215 E CHANDLER AVE		Amount of Each Receipt this Period 75.00
City EVANSVILLE	State IN	Zip Code 47714-0416
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer N/A	Occupation N/A	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>C. MS. SHIRLEY A. STONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2013 <b>Transaction ID : SA11.69561</b>
Mailing Address 9801 FM 2492		Amount of Each Receipt this Period 100.00
City BROWNWOOD	State TX	Zip Code 76801-9152
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.00
<b>TOTAL</b> 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 92 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. SHIRLEY A. STONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : SA11.72417</b>
Mailing Address 9801 FM 2492		Amount of Each Receipt this Period 250.00
City BROWNWOOD	State TX	Zip Code 76801-9152
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MS. ADA A. STRASENBURGH</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2013 <b>Transaction ID : SA11.68651</b>
Mailing Address P.O. BOX 608		Amount of Each Receipt this Period 100.00
City OCEAN VIEW	State NJ	Zip Code 08230-0608
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MR. THOMAS STRICKLAND</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2013 <b>Transaction ID : SA11.69563</b>
Mailing Address 11701 ROSSMOOR LANE		Amount of Each Receipt this Period 100.00
City SAINT LOUIS	State MO	Zip Code 63128-1435
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation INSURANCE AGENT	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 93 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. THOMAS STRICKLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11701 ROSSMOOR LANE  
 City SAINT LOUIS State MO Zip Code 63128-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 07 / 2013**  
**Transaction ID : SA11.71232**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. KENNETH J. STUDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65523 N CENTERVILLE RD  
 City STURGIS State MI Zip Code 49091-9148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 07 / 2013**  
**Transaction ID : SA11.71343**  
 Amount of Each Receipt this Period **150.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. KENNETH J. STUDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65523 N CENTERVILLE RD  
 City STURGIS State MI Zip Code 49091-9148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 05 / 2013**  
**Transaction ID : SA11.75441**  
 Amount of Each Receipt this Period **150.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> 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 94 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. ANN E. SUMMERS</b>		Date of Receipt
Mailing Address 851 DIAMOND ST		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
LAGUNA BEACH	CA	92651-3409
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.69810</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MS. ANN E. SUMMERS</b>		Date of Receipt
Mailing Address 851 DIAMOND ST		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
LAGUNA BEACH	CA	92651-3409
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.71233</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. DIANE J. THIER</b>		Date of Receipt
Mailing Address 610 8TH AVENUE CT SW		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
DYERSVILLE	IA	52040-1855
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.75635</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED NURSE	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 95 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. ENOCH THORSGARD</b>		Date of Receipt
Mailing Address 325 39TH ST NE		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORTHWOOD	ND	58267-9563
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.70406</b>
ENOCH THORSGARD	FARMER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	<input type="text" value="100.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. ENOCH THORSGARD</b>		Date of Receipt
Mailing Address 325 39TH ST NE		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORTHWOOD	ND	58267-9563
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.71234</b>
ENOCH THORSGARD	FARMER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	<input type="text" value="100.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. BETTY S. TRAVIS</b>		Date of Receipt
Mailing Address 4844 N COUNTY ROAD 450 E		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
LOGANSPOUT	IN	46947-7425
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.69842</b>
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	<input type="text" value="25.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 96 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. BETTY S. TRAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4844 N COUNTY ROAD 450 E

City LOGANSPORT	State IN	Zip Code 46947-7425
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2013

**Transaction ID : SA11.70730**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**B. MS. BETTY S. TRAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4844 N COUNTY ROAD 450 E

City LOGANSPORT	State IN	Zip Code 46947-7425
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : SA11.76415**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

**C. MS. BETTY S. TRAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4844 N COUNTY ROAD 450 E

City LOGANSPORT	State IN	Zip Code 46947-7425
--------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : SA11.76416**

Amount of Each Receipt this Period  

25.00
-------

CONTRIBUTION  
NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 97 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MS. MELODY TREADWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1013 MAIN ST  
 City SOUTH WINDSOR State CT Zip Code 06074-2409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 29 / 2013  
**Transaction ID : SA11.72796**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. DONALD VANDENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40973 177TH ST E  
 City LANCASTER State CA Zip Code 93535-7509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ELECTRONICS TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 04 / 2013  
**Transaction ID : SA11.70803**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. DONALD VANDENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40973 177TH ST E  
 City LANCASTER State CA Zip Code 93535-7509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ELECTRONICS TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 27 / 2013  
**Transaction ID : SA11.72782**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 98 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. DONALD VANDENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40973 177TH ST E  
 City LANCASTER State CA Zip Code 93535-7509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ELECTRONICS TECHNICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11.75486**  
 Amount of Each Receipt this Period **35.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. TIM VON DOHLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 CONGRESS AVE STE 300 STE 300  
 City AUSTIN State TX Zip Code 78701-2957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 23 / 2013**  
**Transaction ID : SA11.70804**  
 Amount of Each Receipt this Period **50.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. TIM VON DOHLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 CONGRESS AVE STE 300 STE 300  
 City AUSTIN State TX Zip Code 78701-2957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 10 / 2013**  
**Transaction ID : SA11.71354**  
 Amount of Each Receipt this Period **200.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>285.00</b>
<b>TOTAL</b> 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 99 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. BRYON WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1682

City NEDERLAND State TX Zip Code 77627-1682

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.72424**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MRS. SANDY WATERFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 447

City CANADIAN State TX Zip Code 79014-0447

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.72808**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MS. BARBARA WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 898 PEPPER TREE CT

City SANTA CLARA State CA Zip Code 95051-5214

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2013

**Transaction ID : SA11.69852**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 100 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MS. BARBARA WELLS</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013
Mailing Address 898 PEPPER TREE CT		<b>Transaction ID : SA11.75844</b>
City SANTA CLARA	State CA	Zip Code 95051-5214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MRS. SHIRLEY WIDLACKI</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2013
Mailing Address 301 WENDWOOD DR		<b>Transaction ID : SA11.64259</b>
City NEWPORT NEWS	State VA	Zip Code 23602-7530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SELF EMPLOYED	Occupation CO-OWNER OF PAINTING COMPANY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MRS. SHIRLEY WIDLACKI</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2013
Mailing Address 301 WENDWOOD DR		<b>Transaction ID : SA11.71204</b>
City NEWPORT NEWS	State VA	Zip Code 23602-7530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer SELF EMPLOYED	Occupation CO-OWNER OF PAINTING COMPANY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> 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 101 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS. SHIRLEY WIDLACKI</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013 <b>Transaction ID : SA11.75521</b>
Mailing Address 301 WENDWOOD DR		Amount of Each Receipt this Period 35.00
City NEWPORT NEWS	State VA	Zip Code 23602-7530
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation CO-OWNER OF PAINTING COMPANY	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. MR. TIMOTHY D. WORD</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : SA11.69274</b>
Mailing Address 401 TORCIDO DRIVE		Amount of Each Receipt this Period 200.00
City SAN ANTONIO	State TX	Zip Code 78209-5647
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MR. TIMOTHY D. WORD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 <b>Transaction ID : SA11.72788</b>
Mailing Address 401 TORCIDO DRIVE		Amount of Each Receipt this Period 100.00
City SAN ANTONIO	State TX	Zip Code 78209-5647
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> 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 102 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. TIMOTHY D. WORD</b>		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 <b>Transaction ID : SA11.72789</b>
Mailing Address 401 TORCIDO DRIVE		Amount of Each Receipt this Period 100.00
City SAN ANTONIO	State TX	Zip Code 78209-5647
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 <b>Transaction ID : SA17t.0001</b>
Mailing Address 315 FOXTAIL LANE		Amount of Each Receipt this Period 2500.00
City SPRING CITY	State PA	Zip Code 19475
FEC ID number of contributing federal political committee. C		PAC LIST EXPENSE
Name of Employer	Occupation	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40000.00	

Full Name (Last, First, Middle Initial) <b>C. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2013 <b>Transaction ID : SA17t.0002</b>
Mailing Address 315 FOXTAIL LANE		Amount of Each Receipt this Period 2500.00
City SPRING CITY	State PA	Zip Code 19475
FEC ID number of contributing federal political committee. C		PAC LIST EXPENSE
Name of Employer	Occupation	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5100.00
<b>TOTAL</b> 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 103 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)  
Mailing Address 315 FOXTAIL LANE

City SPRING CITY	State PA	Zip Code 19475
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : SA17t.0003**

Amount of Each Receipt this Period  
2500.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

**B. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)  
Mailing Address 315 FOXTAIL LANE

City SPRING CITY	State PA	Zip Code 19475
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA17t.0004**

Amount of Each Receipt this Period  
2500.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

**C. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)  
Mailing Address 315 FOXTAIL LANE

City SPRING CITY	State PA	Zip Code 19475
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

**Transaction ID : SA17t.0005**

Amount of Each Receipt this Period  
2500.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	57405.00

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. ACTIVE ENGAGEMENT, LLC**

Mailing Address 44084 RIVERSIDE PARKWAY, SUITE 350

City LANSDOWN State VA Zip Code 20176

Purpose of Disbursement  
PAC EMAIL COMMUNICATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I447**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ACTIVE ENGAGEMENT, LLC**

Mailing Address 44084 RIVERSIDE PARKWAY, SUITE 350

City LANSDOWN State VA Zip Code 20176

Purpose of Disbursement  
PAC EMAIL COMMUNICATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I599**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BRABENDER COX LLC**

Mailing Address 1218 GRANDVIEW AVENUE

City PITTSBURGH State PA Zip Code 15211

Purpose of Disbursement  
MEDIA PRODUCTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I456**

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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : SB21B.I437**

Amount of Each Disbursement this Period

19.80

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2013

**Transaction ID : SB21B.I442**

Amount of Each Disbursement this Period

39.90

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2013

**Transaction ID : SB21B.I445**

Amount of Each Disbursement this Period

10.00

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

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

69.70

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SB21B.I446**

Amount of Each Disbursement this Period

159.90

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE MGMT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : SB21B.I523**

Amount of Each Disbursement this Period

37.50

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
EMAIL COMM /PAC EMAIL COMM & DATABASE MGMT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2013

**Transaction ID : SB21B.I527**

Amount of Each Disbursement this Period

2263.42

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

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

2460.82

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
EMAIL COMM/PAC DATABASE MGMT & CONTRIB PROCESSING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2013

**Transaction ID : SB21B.I530**

Amount of Each Disbursement this Period

192.47

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE SERVICES & CAGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : SB21B.I573**

Amount of Each Disbursement this Period

470.32

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE SERVICES & CAGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2013

**Transaction ID : SB21B.I576**

Amount of Each Disbursement this Period

783.24

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

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

1446.03

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE SERVICES & CAGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2013

Transaction ID : **SB21B.I578**

Amount of Each Disbursement this Period

789.88

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
EMAIL COMM/PAC DATABASE MGMT & CONTRIB PROCESSING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2013

Transaction ID : **SB21B.I594**

Amount of Each Disbursement this Period

1319.88

Full Name (Last, First, Middle Initial)

**C. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2013

Transaction ID : **SB21B.I511**

Amount of Each Disbursement this Period

100.30

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

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

2210.06

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	3

Transaction ID : SB21B.I513

Amount of Each Disbursement this Period

5	9	.	1	7
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Full Name (Last, First, Middle Initial)

**B. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

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

Transaction ID : SB21B.I548

Amount of Each Disbursement this Period

6	7	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	3

Transaction ID : SB21B.I556

Amount of Each Disbursement this Period

1	2	.	4	0	6
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2	5	.	0	3
---	---	---	---	---

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

2	5	.	0	3
---	---	---	---	---

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. ELAVON MERCHANT SERVICES**

Mailing Address **ONE CONCOURSE PKWY  
STE. 300**

City **ATLANTA** State **GA** Zip Code **30328**

Purpose of Disbursement  
**PAC CREDIT CARD & MERCHANT FEES**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: **00**

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I589**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ELAVON MERCHANT SERVICES**

Mailing Address **ONE CONCOURSE PKWY  
STE. 300**

City **ATLANTA** State **GA** Zip Code **30328**

Purpose of Disbursement  
**PAC CREDIT CARD & MERCHANT FEES**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: **00**

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I637**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FOLEY LARDNER LLP**

Mailing Address **3000 K STREET, NW  
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20007**

Purpose of Disbursement  
**PAC LEGAL SERVICES**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: **00**

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I597**

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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. HSP DIRECT**

Mailing Address 13755 SUNRISE VALLEY DRIVE  
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
PAC DIRECT MAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I508**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. HSP DIRECT**

Mailing Address 13755 SUNRISE VALLEY DRIVE  
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
PAC DIRECT MAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I572**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. HSP DIRECT**

Mailing Address 13755 SUNRISE VALLEY DRIVE  
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
PAC DIRECT MAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I574**

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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. HSP DIRECT**

Mailing Address 13755 SUNRISE VALLEY DRIVE  
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
PAC DIRECT MAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I575**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I545**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I553**

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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2013

Transaction ID : SB21B.I563

Amount of Each Disbursement this Period

109.98

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2013

Transaction ID : SB21B.I566

Amount of Each Disbursement this Period

109.98

Full Name (Last, First, Middle Initial)

**C. KOCH & HOOS LLC**

Mailing Address 901 N WASHINGTON STREET  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2013

Transaction ID : SB21B.I522

Amount of Each Disbursement this Period

3159.00

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

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

3378.96

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. KOCH & HOOS LLC**

Mailing Address 901 N WASHINGTON STREET  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2013

Transaction ID : **SB21B.I525**

Amount of Each Disbursement this Period

39.38

Full Name (Last, First, Middle Initial)

**B. KOCH & HOOS LLC**

Mailing Address 901 N WASHINGTON STREET  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2013

Transaction ID : **SB21B.I528**

Amount of Each Disbursement this Period

720.00

Full Name (Last, First, Middle Initial)

**C. KOCH & HOOS LLC**

Mailing Address 901 N WASHINGTON STREET  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2013

Transaction ID : **SB21B.I531**

Amount of Each Disbursement this Period

1416.75

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

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

2176.13

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT**

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement  
PAC LIST EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I567**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT**

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement  
PAC LIST EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I568**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT**

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement  
PAC LIST EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I569**

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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT**

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement  
PAC LIST EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2013

Transaction ID : SB21B.I570

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT**

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement  
PAC LIST EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2013

Transaction ID : SB21B.I571

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2013

Transaction ID : SB21B.I547

Amount of Each Disbursement this Period

25.00

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

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

5025.00

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. PNC**

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2013

Transaction ID : SB21B.I555

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. PNC**

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2013

Transaction ID : SB21B.I565

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2013

Transaction ID : SB21B.I532

Amount of Each Disbursement this Period

39.10

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

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

89.10

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I533

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I534

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I535

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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I536**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I537**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I538**

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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 20 / 2013

Transaction ID : SB21B.I539

Amount of Each Disbursement this Period

37.60

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 23 / 2013

Transaction ID : SB21B.I540

Amount of Each Disbursement this Period

7.02

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 23 / 2013

Transaction ID : SB21B.I541

Amount of Each Disbursement this Period

11.23

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

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

55.85

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2013

Transaction ID : SB21B.I542

Amount of Each Disbursement this Period

3.66

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2013

Transaction ID : SB21B.I543

Amount of Each Disbursement this Period

1.62

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2013

Transaction ID : SB21B.I544

Amount of Each Disbursement this Period

4.37

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

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

9.65

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 26 / 2013

Transaction ID : SB21B.I546

Amount of Each Disbursement this Period

1.46

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 07 / 2013

Transaction ID : SB21B.I549

Amount of Each Disbursement this Period

1.75

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 09 / 2013

Transaction ID : SB21B.I550

Amount of Each Disbursement this Period

1.03

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

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

4.24

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I551

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I552

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I554

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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2013

Transaction ID : SB21B.I558

Amount of Each Disbursement this Period

225.60

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2013

Transaction ID : SB21B.I559

Amount of Each Disbursement this Period

141.96

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2013

Transaction ID : SB21B.I560

Amount of Each Disbursement this Period

27.04

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

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

394.60

**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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 12 / 2013

Transaction ID : SB21B.I561

Amount of Each Disbursement this Period

13.29

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 12 / 2013

Transaction ID : SB21B.I562

Amount of Each Disbursement this Period

5.59

Full Name (Last, First, Middle Initial)

**C. SUNRISE DATA SERVICES**

Mailing Address 44845 FALCON PLACE  
SUITE 101A

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
PAC LIST EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 16 / 2013

Transaction ID : SB21B.I506

Amount of Each Disbursement this Period

170.00

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

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

188.88

45128.97

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. QUINN HILLYER FOR CONGRESS**

Mailing Address PO BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement  
INKIND CONTRIBUTION-EMAIL COMMUNICATION

Candidate Name

**Quinn Hillier**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Special Primary

State: AL District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	1	3		

**Transaction ID : SB23.500**

Amount of Each Disbursement this Period

6	9	7	.	7	8
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. QUINN HILLYER FOR CONGRESS**

Mailing Address PO BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement  
INKIND CONTRIBUTION-EMAIL COMMUNICATION

Candidate Name

**Quinn Hillier**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Special Primary

State: AL District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	3		

**Transaction ID : SB23.501**

Amount of Each Disbursement this Period

6	9	.	4	7
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. QUINN HILLYER FOR CONGRESS**

Mailing Address PO BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement  
INKIND CONTRIB-MEDIA PROD & EMAIL COMM

Candidate Name

**Quinn Hillier**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Special Primary

State: AL District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	3		

**Transaction ID : SB23.502**

Amount of Each Disbursement this Period

5	0	6	.	7	2
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. QUINN HILLYER FOR CONGRESS**

Mailing Address PO BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement  
INKIND CONTRIBUTION-EMAIL COMMUNICATION

Candidate Name

**Quinn Hillyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Special Primary**

State: AL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	3

**Transaction ID : SB23.503**

Amount of Each Disbursement this Period

6	.	8	2
---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. WALT ROGERS FOR IOWA**

Mailing Address PO BOX 1142

City CEDAR FALLS State IA Zip Code 50613

Purpose of Disbursement  
INKIND CONTRIBUTION-EMAIL COMMUNICATION

Candidate Name

**Walt Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **▼**

State: IA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	4

**Transaction ID : SB23.504**

Amount of Each Disbursement this Period

7	2	.	1	0
---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--

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

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

0	.	0	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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. SHELLY AHLERSMEYER**

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I671**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. SHELLY AHLERSMEYER**

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I675**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. SHELLY AHLERSMEYER**

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I677**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. SHELLY AHLERSMEYER**

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement  
NON-FED (VA) TRAVEL & FOOD REIMB:SEE MEMO

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 15 / 2013

Transaction ID : **SB29.I683**

Amount of Each Disbursement this Period

1254.69

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. HOLIDAY INN PITTSBURGH**

Mailing Address 10 LANDINGS DRIVE

City PITTSBURGH State PA Zip Code 15238

Purpose of Disbursement  
MEMO -TRAVEL REIMBURSEMENT LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 15 / 2013

Transaction ID : **SB29.I685**

Amount of Each Disbursement this Period

271.32

**[MEMO ITEM]**  
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. SHELLY AHLERSMEYER**

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement  
MEMO -TRAVEL REIMBURSEMENT MILAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 15 / 2013

Transaction ID : **SB29.I684**

Amount of Each Disbursement this Period

674.61

**[MEMO ITEM]**  
NON CONTRIBUTION ACCOUNT

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

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

1254.69

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. SHELLY AHLERSMEYER**

Mailing Address 1690 S. WALNUT DRIVE

City State Zip Code  
WARSAW IN 46580

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 17 / 2013

Transaction ID : **SB29.I686**

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. SHELLY AHLERSMEYER**

Mailing Address 1690 S. WALNUT DRIVE

City State Zip Code  
WARSAW IN 46580

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 20 / 2013

Transaction ID : **SB29.I689**

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ANGELA MOORE**

Mailing Address 5734 W. CO RD 450 S

City State Zip Code  
KNIGHTSTOWN IN 46148

Purpose of Disbursement  
NON FEDERAL (VA) TRAVEL REIMB:SEE MEMO

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 15 / 2013

Transaction ID : **SB29.I678**

Amount of Each Disbursement this Period

854.79

NON CONTRIBUTION ACCOUNT

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

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

5854.79

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. ANGELA MOORE**

Mailing Address 5734 W. CO RD 450 S

City State Zip Code  
KNIGHTSTOWN IN 46148

Purpose of Disbursement  
MEMO -TRAVEL REIMBURSEMENT MILAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 15 / 2013

Transaction ID : **SB29.I679**

Amount of Each Disbursement this Period

709.20

**[MEMO ITEM]**  
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City State Zip Code  
PHOENIX AZ 85072

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : **SB29.I652**

Amount of Each Disbursement this Period

76.80

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City State Zip Code  
PHOENIX AZ 85072

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : **SB29.I656**

Amount of Each Disbursement this Period

51.67

NON CONTRIBUTION ACCOUNT

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

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

128.47

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 30 / 2013

Transaction ID : **SB29.I660**

Amount of Each Disbursement this Period

37.37

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : **SB29.I664**

Amount of Each Disbursement this Period

58.62

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 05 / 2013

Transaction ID : **SB29.I698**

Amount of Each Disbursement this Period

30.59

NON CONTRIBUTION ACCOUNT

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

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

126.58

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SB29.I700**

Amount of Each Disbursement this Period

72.40

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 04 / 2013

**Transaction ID : SB29.I653**

Amount of Each Disbursement this Period

1169.17

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 04 / 2013

**Transaction ID : SB29.I657**

Amount of Each Disbursement this Period

1082.32

NON CONTRIBUTION ACCOUNT

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

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

2323.89

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 04 / 2013

Transaction ID : **SB29.I661**

Amount of Each Disbursement this Period

573.32

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CITADEL REPUBLICAN SOCIETY**

Mailing Address 171 MOULTRIE STREET  
MSC 2025

City CHARLESTON State SC Zip Code 29409

Purpose of Disbursement  
NON-FEDERAL TRAVEL (VA)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : **SB29.I701**

Amount of Each Disbursement this Period

9000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
NON-FEDERAL EMAIL COMMUNICATION (TX)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 15 / 2013

Transaction ID : **SB29.I665**

Amount of Each Disbursement this Period

101.20

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

9674.52

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE MGMT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I670**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE MGMT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I672**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE MGMT & CONTRIB PROCESSING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I681**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE MGMT& CONTRIB PROCESSING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2013

Transaction ID : **SB29.I687**

Amount of Each Disbursement this Period

237.06

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2013

Transaction ID : **SB29.I691**

Amount of Each Disbursement this Period

61.07

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2013

Transaction ID : **SB29.I694**

Amount of Each Disbursement this Period

384.72

NON CONTRIBUTION ACCOUNT

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

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

682.85

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. ELAVON MERCHANT SERVICES**

Mailing Address **ONE CONCOURSE PKWY  
STE. 300**

City **ATLANTA** State **GA** Zip Code **30328**

Purpose of Disbursement  
**PAC CREDIT CARD & MERCHANT FEES**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: **00**

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB29.I699**

Amount of Each Disbursement this Period

**61.95**

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. FIRSTMERIT BANK**

Mailing Address **295 FIRSTMERIT CIRCLE**

City **AKRON** State **OH** Zip Code **44307**

Purpose of Disbursement  
**PAC BANK FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: **00**

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
**09 / 16 / 2013**

**Transaction ID : SB29.I651**

Amount of Each Disbursement this Period

**386.81**

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. FIRSTMERIT BANK**

Mailing Address **295 FIRSTMERIT CIRCLE**

City **AKRON** State **OH** Zip Code **44307**

Purpose of Disbursement  
**PAC BANK FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: **00**

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
**10 / 15 / 2013**

**Transaction ID : SB29.I655**

Amount of Each Disbursement this Period

**329.53**

NON CONTRIBUTION ACCOUNT

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

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

**778.29**

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. FIRSTMERIT BANK**

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2013

Transaction ID : **SB29.I659**

Amount of Each Disbursement this Period

325.93

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. FIRSTMERIT BANK**

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2013

Transaction ID : **SB29.I663**

Amount of Each Disbursement this Period

273.20

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. FOLEY LARDNER LLP**

Mailing Address 3000 K STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
PAC LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : **SB29.I673**

Amount of Each Disbursement this Period

120.00

NON CONTRIBUTION ACCOUNT

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

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

719.13

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN DULLES AIRPORT**

Mailing Address 45425 HOLIDAY DRIVE

City State Zip Code  
STERLING VA 20166

Purpose of Disbursement  
NON-FEDERAL LODGING (VA)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 01 / 2013

Transaction ID : **SB29.I693**

Amount of Each Disbursement this Period

3000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. HOLIDAY INN DULLES AIRPORT**

Mailing Address 45425 HOLIDAY DRIVE

City State Zip Code  
STERLING VA 20166

Purpose of Disbursement  
NON-FEDERAL LODGING (VA)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 04 / 2013

Transaction ID : **SB29.I696**

Amount of Each Disbursement this Period

1702.28

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN DULLES AIRPORT**

Mailing Address 45425 HOLIDAY DRIVE

City State Zip Code  
STERLING VA 20166

Purpose of Disbursement  
NON-FEDERAL LODGING (VA)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 04 / 2013

Transaction ID : **SB29.I697**

Amount of Each Disbursement this Period

178.14

NON CONTRIBUTION ACCOUNT

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

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

4880.42

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. INFOCISION**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I645**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. INFOCISION**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I646**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. INFOCISION**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I647**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. INFOCISION**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
12 / 12 / 2013

Transaction ID : SB29.I648

Amount of Each Disbursement this Period

26726.37

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. INFOCISION**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
12 / 19 / 2013

Transaction ID : SB29.I649

Amount of Each Disbursement this Period

10083.17

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. KEN PAXTON CAMPAIGN**

Mailing Address P.O. BOX 3476

City MCKINNEY State TX Zip Code 75070

Purpose of Disbursement  
NON FEDERAL (TX) INKIND CONTRIBUTION-MAILING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 25 / 2013

Transaction ID : SB29.I666

Amount of Each Disbursement this Period

2548.22

[MEMO ITEM]

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

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

36809.54

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. KOCH & HOOS LLC**

Mailing Address 901 N WASHINGTON STREET  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I674**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. KOCH & HOOS LLC**

Mailing Address 901 N WASHINGTON STREET  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I682**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. KOCH & HOOS LLC**

Mailing Address 901 N WASHINGTON STREET  
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I688**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. TEXANS FOR GREG ABBOTT**

Mailing Address P.O. BOX 308

City State Zip Code  
AUSTIN TX 78767

Purpose of Disbursement  
NON FEDERAL (TX) INKIND CONTRIB-EMAIL COMM

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

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

Transaction ID : **SB29.I667**

Amount of Each Disbursement this Period

5	0	.	5	6
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. TOM CORBETT FOR GOVERNOR**

Mailing Address P.O. BOX 1145

City State Zip Code  
HARRISBURG PA 17108

Purpose of Disbursement  
NON FEDERAL (PA) INKIND CONTRIB-EMAIL COMM

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

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

Transaction ID : **SB29.I668**

Amount of Each Disbursement this Period

7	1	.	9	7
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TOM CORBETT FOR GOVERNOR**

Mailing Address P.O. BOX 1145

City State Zip Code  
HARRISBURG PA 17108

Purpose of Disbursement  
NON FEDERAL (PA) INKIND CONTRIB-EMAIL COMM

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	3

Transaction ID : **SB29.I669**

Amount of Each Disbursement this Period

6	4	.	7	.	5	8
---	---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	.	0	0
---	---	---	---	---

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. USA AEPAY**

Mailing Address 4929 WILSHIRE BLVD  
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB29.I650**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. USA AEPAY**

Mailing Address 4929 WILSHIRE BLVD  
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB29.I654**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. USA AEPAY**

Mailing Address 4929 WILSHIRE BLVD  
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB29.I658**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. USA AEPAY**

Mailing Address 4929 WILSHIRE BLVD  
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2013

Transaction ID : SB29.I662

Amount of Each Disbursement this Period

20.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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)..... ▶

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

20.00

202007.54

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 146 OF 160
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACTIVE ENGAGEMENT</b>	Nature of Debt (Purpose): EMAIL COMMUNICATION
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350	
City State Zip Code LANSDOWNW VA 20176	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.001</b>	
Amount Incurred This Period <input type="text" value="1000.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CMDI</b>	Nature of Debt (Purpose): EMAIL COMMUNICATION/DATABASE SERVICES
Mailing Address 1593 SPRING HILL ROAD SUITE 400	
City State Zip Code TYSONS CORNER VA 22182	

Outstanding Balance Beginning This Period <input type="text" value="2286.70"/>	<b>Transaction ID : SD10.002</b>	
Amount Incurred This Period <input type="text" value="4434.51"/>	Payment This Period <input type="text" value="2286.70"/>	Outstanding Balance at Close of This Period <input type="text" value="4434.51"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLON &amp; COMPANY</b>	Nature of Debt (Purpose): MAILING
Mailing Address 3405 EDLOE SUITE 205A	
City State Zip Code HOUSTON TX 77027	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.003</b>	
Amount Incurred This Period <input type="text" value="2548.22"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2548.22"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="7982.73"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 147 OF 160
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FOLEY LARDNER LLP</b>	Nature of Debt (Purpose): LEGAL SERVICES
Mailing Address 3000 K STREET, NW SUITE 600	
City State Zip Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 720.00	<b>Transaction ID : SD10.004</b>	
Amount Incurred This Period 0.00	Payment This Period 720.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HSP DIRECT</b>	Nature of Debt (Purpose): IE DIRECT MAIL
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450	
City State Zip Code HERNDON VA 20171	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.005</b>	
Amount Incurred This Period 29012.20	Payment This Period 23179.08	Outstanding Balance at Close of This Period 5833.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HSP DIRECT</b>	Nature of Debt (Purpose): PAC DIRECT MAIL
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450	
City State Zip Code HERNDON VA 20171	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.006</b>	
Amount Incurred This Period 36049.28	Payment This Period 0.00	Outstanding Balance at Close of This Period 36049.28

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	41882.40
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 148 OF 160
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STRATEGY GROUP FOR PHONES, LLC</b>	Nature of Debt (Purpose): TELECONFERENCE SERVICES
Mailing Address 7669 STAGERS LOOP	
City State Zip Code DELAWARE OH 43015	

Outstanding Balance Beginning This Period <input type="text" value="4900.00"/>	<b>Transaction ID : SD10.008</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4900.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOCH &amp; HOOS LLC</b>	Nature of Debt (Purpose): ACCOUNTING & COMPLIANCE SERVICES
Mailing Address 901 N. WASHINGTON STREET SUITE 700	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="3159.00"/>	<b>Transaction ID : SD10.007</b>	
Amount Incurred This Period <input type="text" value="1275.75"/>	Payment This Period <input type="text" value="3159.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1275.75"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="6175.75"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="56040.88"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="56040.88"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Date of Public Distribution/Dissemination
Amount
2417.69
Transaction ID : SE24.p0040
Date of Disbursement or Obligation
10 / 25 / 2013
Purpose of Expenditure
DIRECT MAIL Category/Type
000
Name of Federal Candidate
Mark Begich Support
Oppose
Office Sought:
House Senate
District:
State: AK
Calendar Year-To-Date
Per Election for Office Sought
4115.80
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Date of Public Distribution/Dissemination
Amount
2417.69
Transaction ID : SE24.p0041
Date of Disbursement or Obligation
10 / 25 / 2013
Purpose of Expenditure
DIRECT MAIL Category/Type
000
Name of Federal Candidate
Dick Durbin Support
Oppose
Office Sought:
House Senate
District:
State: IL
Calendar Year-To-Date
Per Election for Office Sought
4115.80
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.
Signature: Nadine Maenza [Electronically Filed] Date: 01 / 30 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/Type
000
Date of Public Distribution/Dissemination
Amount
2417.69
Transaction ID : SE24.p0042
Date of Disbursement or Obligation
10 / 25 / 2013
Name of Federal Candidate
Al Franken Support
Oppose Office Sought:
House Senate State:
MN
Calendar Year-To-Date
Per Election for Office Sought
4115.80
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/Type
000
Date of Public Distribution/Dissemination
Amount
2417.69
Transaction ID : SE24.p0043
Date of Disbursement or Obligation
10 / 25 / 2013
Name of Federal Candidate
Mark Pryor Support
Oppose Office Sought:
House Senate State:
AR
Calendar Year-To-Date
Per Election for Office Sought
4115.80
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Nadine Maenza [Electronically Filed] Date 01 / 30 / 2014
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Date of Public Distribution/Dissemination
Amount
2417.68
Transaction ID : SE24.p0046
Date of Disbursement or Obligation
10 / 25 / 2013
Name of Federal Candidate
Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Calendar Year-To-Date
Per Election for Office Sought
4115.79
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Date of Public Distribution/Dissemination
Amount
2417.68
Transaction ID : SE24.p0047
Date of Disbursement or Obligation
10 / 25 / 2013
Name of Federal Candidate
Mary Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
4115.78
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Nadine Maenza
[Electronically Filed]
Date 01 / 30 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/Type
000
Date of Public Distribution/Dissemination
Amount
2417.68
Transaction ID : SE24.p0048
Date of Disbursement or Obligation
10 / 25 / 2013
Name of Federal Candidate
Jeff Merkley Support
Oppose
Office Sought:
House Senate
President
State: OR
Calendar Year-To-Date
Per Election for Office Sought
4115.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/Type
000
Date of Public Distribution/Dissemination
Amount
2417.68
Transaction ID : SE24.p0049
Date of Disbursement or Obligation
10 / 25 / 2013
Name of Federal Candidate
Mark Udall Support
Oppose
Office Sought:
House Senate
President
State: CO
Calendar Year-To-Date
Per Election for Office Sought
4115.78
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(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.
Signature Nadine Maenza [Electronically Filed] Date 01 / 30 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Tom Udall Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.78

Date of Public Distribution/Dissemination
Amount
2417.68
Transaction ID : SE24.p0050
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: NM
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Mark Warner Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.78

Date of Public Distribution/Dissemination
Amount
2417.68
Transaction ID : SE24.p0051
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: VA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Nadine Maenza
[Electronically Filed]
Date 01 / 30 / 2014
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00528307
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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>HSP DIRECT</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount <span style="margin-left: 20px;">2417.69</span>
City HERNDON	State VA
Zip Code 20171	<b>Transaction ID : SE24.p0052</b>
Purpose of Expenditure 10/25 DIRECT MAIL	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 22 / 2013
Name of Federal Candidate Mark Begich	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">4115.80</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>HSP DIRECT</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount <span style="margin-left: 20px;">2417.69</span>
City HERNDON	State VA
Zip Code 20171	<b>Transaction ID : SE24.p0053</b>
Purpose of Expenditure 10/25 DIRECT MAIL	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 22 / 2013
Name of Federal Candidate Dick Durbin	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">4115.80</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">4835.38</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;"></span>

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.

*Nadine Maenza* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2014  
 \_\_\_\_\_  
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
10/25 DIRECT MAIL Category/
Type 000

Date of Public Distribution/Dissemination
Amount
2417.69
Transaction ID : SE24.p0054
Date of Disbursement or Obligation
11 / 22 / 2013

Name of Federal Candidate
Al Franken
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
4115.80

Office Sought:
House Senate
District:
State: MN
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
10/25 DIRECT MAIL Category/
Type 000

Date of Public Distribution/Dissemination
Amount
2417.69
Transaction ID : SE24.p0055
Date of Disbursement or Obligation
11 / 22 / 2013

Name of Federal Candidate
Mark Pryor
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
4115.80

Office Sought:
House Senate
District:
State: AR
Disbursement For:
Primary General
2014 Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 4835.38. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (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.

Signature: Nadine Maenza [Electronically Filed] Date: 01 / 30 / 2014



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00528307
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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>HSP DIRECT</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount <span style="margin-left: 20px;">2417.68</span>
City HERNDON	State VA
Zip Code 20171	<b>Transaction ID : SE24.p0058</b>
Purpose of Expenditure 10/25 DIRECT MAIL	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 16 / 2013
Name of Federal Candidate Jeanne Shaheen	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NH
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">4115.79</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>HSP DIRECT</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount <span style="margin-left: 20px;">2417.68</span>
City HERNDON	State VA
Zip Code 20171	<b>Transaction ID : SE24.p0059</b>
Purpose of Expenditure 10/25 DIRECT MAIL	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 16 / 2013
Name of Federal Candidate Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">4115.79</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">4835.36</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;"></span>

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.

*Nadine Maenza* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2014  
 Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
10/25 DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Mary Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.78

Date of Public Distribution/Dissemination
Amount
2417.68
Transaction ID : SE24.p0060
Date of Disbursement or Obligation
12 / 16 / 2013
Office Sought: House District:
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
10/25 DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Jeff Merkley Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.78

Date of Public Distribution/Dissemination
Amount
2417.68
Transaction ID : SE24.p0061
Date of Disbursement or Obligation
12 / 16 / 2013
Office Sought: House District:
Senate State: OR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4835.36
(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.

Nadine Maenza [Electronically Filed] Date 01 / 30 / 2014
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00528307
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	

Full Name of Payee <b>HSP DIRECT</b>	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 1419.92
City State Zip Code HERNDON VA 20171	<b>Transaction ID : SE24.p0062</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 16 / 2013
Purpose of Expenditure 10/25 DIRECT MAIL	Category/Type 000
Name of Federal Candidate Mark Udall	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ 4115.78

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	1419.92
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	23179.08

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.

*Nadine Maenza*  
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y  
01 / 30 / 2014