

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.
Our Voice 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 Robert Fee

Signature of Treasurer Robert Fee [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

Our Voice PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="97202.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="97202.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25648.22"/>	<input type="text" value="25648.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="122850.98"/>	<input type="text" value="122850.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="122261.85"/>	<input type="text" value="122261.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="589.13"/>	<input type="text" value="589.13"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Our Voice PAC

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23871.55	23871.55
(ii) Unitemized	1776.67	1776.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25648.22	25648.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25648.22	25648.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25648.22	25648.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25648.22	25648.22

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	122261.85	122261.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	122261.85	122261.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	122261.85	122261.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122261.85	122261.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25648.22	25648.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25648.22	25648.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	122261.85	122261.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	122261.85	122261.85

**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 26
(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)
Our Voice PAC

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

Mailing Address 435 E MAIN STREET
SUITE 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2015
Transaction ID : SA11AI.8417

Amount of Each Receipt this Period
6000.00

LIST RENTALS

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

Mailing Address 435 E MAIN STREET
SUITE 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : SA11AI.8427

Amount of Each Receipt this Period
625.00

LIST RENTALS

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

Mailing Address 435 E MAIN STREET
SUITE 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8176.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : SA11AI.8432

Amount of Each Receipt this Period
1551.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 8176.20

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 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Our Voice PAC

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

Mailing Address 435 E MAIN STREET
SUITE 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12989.40

Date of Receipt
04 / 21 / 2015
Transaction ID : SA11AI.8262

Amount of Each Receipt this Period
4813.20

LIST RENTALS

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

Mailing Address 435 E MAIN STREET
SUITE 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15296.55

Date of Receipt
04 / 21 / 2015
Transaction ID : SA11AI.8263

Amount of Each Receipt this Period
2307.15

LIST RENTALS

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

Mailing Address 435 E MAIN STREET
SUITE 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17696.55

Date of Receipt
06 / 04 / 2015
Transaction ID : SA11AI.8266

Amount of Each Receipt this Period
2400.00

LIST RENTALS

SUBTOTAL of Receipts This Page (optional).....	9520.35
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 8 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Our Voice PAC

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

Mailing Address 435 E MAIN STREET
SUITE 250

City GREENWOOD State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22976.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.8265

Amount of Each Receipt this Period
5280.00

LIST RENTALS

Full Name (Last, First, Middle Initial)
B. Fran Wendeloe

Mailing Address 603 Alliance

City Manchester State NH Zip Code 12345

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

Name of Employer Occupation
NEW HAMPSHIRE TEA PARTY
TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
895.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015
Transaction ID : SA11AI.8163

Amount of Each Receipt this Period
895.00

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	6175.00
TOTAL This Period (last page this line number only).....▶	23871.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. SHARRON ANGLE

Mailing Address PO BOX 33058

City RENO State NV Zip Code 89533-3058

Purpose of Disbursement
WEB SITE DEVELOPMENT/SPEAKING FEES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2015

Transaction ID : SB21B.8289

Amount of Each Disbursement this Period

19920.00

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : SB21B.8326

Amount of Each Disbursement this Period

99.03

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SB21B.8345

Amount of Each Disbursement this Period

39.27

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

20058.30

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2015

Transaction ID : SB21B.8349

Amount of Each Disbursement this Period

99.03

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : SB21B.8354

Amount of Each Disbursement this Period

39.27

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : SB21B.8357

Amount of Each Disbursement this Period

99.13

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

237.43

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : SB21B.8367

Amount of Each Disbursement this Period

39.32

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : SB21B.8369

Amount of Each Disbursement this Period

135.12

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SB21B.8371

Amount of Each Disbursement this Period

99.65

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

274.09

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8375

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BACK LOT MEDIA

Mailing Address PO BOX 18888

City RENO State NV Zip Code 89511

Purpose of Disbursement
MEDIA PRODUCTION

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8343

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BACK LOT MEDIA

Mailing Address PO BOX 18888

City RENO State NV Zip Code 89511

Purpose of Disbursement
MEDIA PRODUCTION

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8347

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. BACK LOT MEDIA

Mailing Address PO BOX 18888

City RENO State NV Zip Code 89511

Purpose of Disbursement
MEDIA PRODUCTION

004

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : SB21B.8363

Amount of Each Disbursement this Period

9405.00

Full Name (Last, First, Middle Initial)

B. BACK LOT MEDIA

Mailing Address PO BOX 18888

City RENO State NV Zip Code 89511

Purpose of Disbursement
MEDIA PRODUCTION

004

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : SB21B.8365

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Chase ePay

Mailing Address P O Box 15298

City Wilmington State DE Zip Code 19850

Purpose of Disbursement
AIRLINE TICKETS

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2015

Transaction ID : SB21B.8422

Amount of Each Disbursement this Period

316.93

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

24721.93

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Chase ePay

Mailing Address P O Box 15298

City State Zip Code
Wilmington DE 19850

Purpose of Disbursement
AIRLINE TICKETS

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.8437**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Chase ePay

Mailing Address P O Box 15298

City State Zip Code
Wilmington DE 19850

Purpose of Disbursement
AIRLINE TICKETS

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.8442**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Chase ePay

Mailing Address P O Box 15298

City State Zip Code
Wilmington DE 19850

Purpose of Disbursement
AIRLINE TICKETS

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.8446**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. DANE & ASSOCIATES

Mailing Address PO BOX 1058

City FRONT ROYAL State VA Zip Code 22630

Purpose of Disbursement
POLLING CONSULTING FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2015

Transaction ID : SB21B.8424

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. RUSTY HUMPHRIES

Mailing Address 228 E SAGEBRUSH

City PHOENIX State AZ Zip Code 85295

Purpose of Disbursement
MEDIA CONSULTING

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2015

Transaction ID : SB21B.8315

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RUSTY HUMPHRIES

Mailing Address 228 E SAGEBRUSH

City PHOENIX State AZ Zip Code 85295

Purpose of Disbursement
MEDIA CONSULTING

004

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2015

Transaction ID : SB21B.8321

Amount of Each Disbursement this Period

2000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial) A. RUSTY HUMPHRIES		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 228 E SAGEBRUSH		Transaction ID : SB21B.8339
City PHOENIX	State AZ	
Purpose of Disbursement MEDIA CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2000.00
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Jameson Media		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 348 Mill St.		Transaction ID : SB21B.8341
City Reno	State NV	
Purpose of Disbursement MEDIA PRODUCTION	Candidate Name	Amount of Each Disbursement this Period 6000.00
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Jameson Media		Date of Disbursement MM / DD / YYYY 04 / 20 / 2015
Mailing Address 348 Mill St.		Transaction ID : SB21B.8361
City Reno	State NV	
Purpose of Disbursement MEDIA PRODUCTION	Candidate Name	Amount of Each Disbursement this Period 693.00
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8693.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 04 / 2015

Transaction ID : SB21B.8373

Amount of Each Disbursement this Period: 6000.00

Category/Type: 004

Full Name (Last, First, Middle Initial)

B. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 26 / 2015

Transaction ID : SB21B.8359

Amount of Each Disbursement this Period: 2000.00

Category/Type: 004

Full Name (Last, First, Middle Initial)

C. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement CREDIT CARD CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2015

Transaction ID : SB21B.8273

Amount of Each Disbursement this Period: 500.65

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8500.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIR

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRLINE TICKETS

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.8273.2**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
CREDIT CARD CHARGES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.8291**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
FEES CHARGED

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.8291.0**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Southwest Rewards

Mailing Address P O Box 36647

City State Zip Code
Dallas TX 75235

Purpose of Disbursement
INTEREST CHARGES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	1	5		

Transaction ID : SB21B.8291.1

Amount of Each Disbursement this Period

1	7	7	3
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIR

Mailing Address P O Box 36647

City State Zip Code
DALLAS TX 75235

Purpose of Disbursement
AIRLINE FEES

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	9			2	0	1	5		

Transaction ID : SB21B.8291.2

Amount of Each Disbursement this Period

1	2	2	0
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIR

Mailing Address P O Box 36647

City State Zip Code
DALLAS TX 75235

Purpose of Disbursement
AIRLINE TICKETS

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	1	5		

Transaction ID : SB21B.8291.3

Amount of Each Disbursement this Period

3	9	5	2	0
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIR

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRLINE TICKETS

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.8291.4**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIR

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRLINE TICKETS

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.8291.5**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
CREDIT CARD CHARGES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.8328**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Southwest Rewards

Mailing Address P O Box 36647

City State Zip Code
Dallas TX 75235

Purpose of Disbursement
INTEREST EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SB21B.8328.4

Amount of Each Disbursement this Period

11.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Rewards

Mailing Address P O Box 36647

City State Zip Code
Dallas TX 75235

Purpose of Disbursement
CREDIT CARD CHARGES

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : SB21B.8377

Amount of Each Disbursement this Period

962.55

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIR

Mailing Address P O Box 36647

City State Zip Code
DALLAS TX 75235

Purpose of Disbursement
AIRLINE TICKETS

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : SB21B.8377.1

Amount of Each Disbursement this Period

899.00

[MEMO ITEM]

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

962.55

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
LATE FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2015

Transaction ID : SB21B.8377.2

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
INTEREST EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : SB21B.8377.3

Amount of Each Disbursement this Period

7.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
CREDIT CARD CHARGES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : SB21B.8387

Amount of Each Disbursement this Period

977.76

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

977.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIR

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRLINE TICKETS

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8387.1

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. APPLE STORE

Mailing Address 13925 S VIRGINIA STREET

City RENO State NV Zip Code 89511

Purpose of Disbursement
TELEPHONE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8387.2

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8387.3

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8387.4

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
CREDIT CARD CHARGES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8397

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. EIG HOMESTEAD

Mailing Address 10 CORPORATE DRIVE

City BURLINGTON State MA Zip Code 01803

Purpose of Disbursement
WEB HOSTING

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8397.1

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
LATE FEES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2015

Transaction ID : SB21B.8397.8

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
INTEREST EXPENSE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : SB21B.8397.9

Amount of Each Disbursement this Period

7.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ROBERT TESE

Mailing Address 1281 TERMINAL WAY
SUITE 108

City RENO State NV Zip Code 89502

Purpose of Disbursement
ACCOUNTING FEES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : SB21B.8311

Amount of Each Disbursement this Period

400.00

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

400.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Our Voice PAC

Full Name (Last, First, Middle Initial)

A. RICK TRADER

Mailing Address 766 MAPLE RD

City DEPTFORD State NJ Zip Code 08096

Purpose of Disbursement
RADIO COMMERCIAL TIME

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	5

Transaction ID : SB21B.8278

Amount of Each Disbursement this Period

4	8	7	5	.	0	0
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Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 200 S. Virginia St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
BANK FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SB21B.8445

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. WT & S CONSULTING

Mailing Address 8971 LENTZVILLE RD

City ATHEN State AL Zip Code 35614

Purpose of Disbursement
MEDIA BUY

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	5

Transaction ID : SB21B.8282

Amount of Each Disbursement this Period

2	2	6	0	4	.	0	0
---	---	---	---	---	---	---	---

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

2	7	5	0	9	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	1	8	4	.	2	1
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