

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 315 Foxtail Lane Check if different than previously reported. (ACC) Spring City PA 19475

2. FEC IDENTIFICATION NUMBER C C00528307 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2014 through 08 / 31 / 2014

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 09 / 20 / 2014

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)

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="2014"/>	<input type="text" value="35337.65"/>	<input type="text" value="35337.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="91230.73"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="81477.74"/>	<input type="text" value="759415.53"/>
(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="172708.47"/>	<input type="text" value="794753.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="116592.97"/>	<input type="text" value="738637.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56115.50"/>	<input type="text" value="56115.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="44969.30"/>	

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  
**PATRIOT VOICES PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2950.00	38150.00
(ii) Unitemized .....	16055.00	141401.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19005.00	179551.01
(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) .....	19005.00	179551.01
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).....	23.24	233.14
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	62449.50	579631.38
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))..... ▶	81477.74	759415.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	81477.74	759415.53

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	25436.85	171580.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25436.85	171580.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9000.00
24. Independent Expenditures (use Schedule E) .....	1000.00	9196.97
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 .....	90156.12	548860.58
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)) ..	116592.97	738637.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116592.97	738637.68

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19005.00	179551.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19005.00	179551.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	25436.85	171580.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	23.24	233.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25413.61	171346.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. MS. JUDITH S. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 19781 GRAND VIEW DRIVE

City TOPANGA State CA Zip Code 90290-3313

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 08 / 05 / 2014  
**Transaction ID : SA11.104257**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**B. MS. MARILYN DAHL**  
Full Name (Last, First, Middle Initial)

Mailing Address 96 LAKE STREET

City OSHKOSH State WI Zip Code 54901-5441

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 08 / 11 / 2014  
**Transaction ID : SA11.104692**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C. MR. ERNEST ELLISON II**  
Full Name (Last, First, Middle Initial)

Mailing Address 6720 CHURCHILL PARK CT.

City CHARLOTTE State NC Zip Code 28210-3480

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 08 / 08 / 2014  
**Transaction ID : SA11.104532**

Amount of Each Receipt this Period 200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MRS. BETTY O. FOGLEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 510

City BUTNER State NC Zip Code 27509-0510

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

Name of Employer PALLETONE OF NC Occupation REGIONAL MANAGER

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  
 08 / 18 / 2014

**Transaction ID : SA11.107401**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. THOMAS MCGRATH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2150 JEFFERSON LANE

City HUNTINGDON VY State PA Zip Code 19006-

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

Name of Employer SELF EMPLOYED Occupation ENTREPRENEUR

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  
 08 / 27 / 2014

**Transaction ID : SA11.110612**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 1383 N CRISS ST

City CHANDLER State AZ Zip Code 85226-1307

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  
 08 / 07 / 2014

**Transaction ID : SA11.110547**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 8 OF 51
	<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**

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

Mailing Address 300 SUN VALLEY DRIVE

City LEOLA	State PA	Zip Code 17540-
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation TRUCK DRIVER
-----------------------------------	----------------------------

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
08		08		2014

**Transaction ID : SA11.110637**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM L. WILSON**

Mailing Address P.O. BOX 2183

City GRAND JUNCTION	State CO	Zip Code 81502-2183
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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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

**Transaction ID : SA11.108967**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address

City	State	Zip Code
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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
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Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2950.00



**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 9 OF 51
<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 L. ADAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8240 HEALY DR  
 City MOBILE State AL Zip Code 36695-4919  
 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 **530.00**

Date of Receipt **08 / 22 / 2014**  
**Transaction ID : SA11.110524**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. ISABEL ATTINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 SCHOOL HOUSE LANE  
 City TURBOTVILLE State PA Zip Code 17772-9012  
 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 **230.00**

Date of Receipt **08 / 25 / 2014**  
**Transaction ID : SA11.109969**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. LESTER R BAUSTIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1370 60TH AVE  
 City LUVERNE State MN Zip Code 56156-4077  
 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 **270.00**

Date of Receipt **08 / 25 / 2014**  
**Transaction ID : SA11.110340**  
 Amount of Each Receipt this Period **30.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>230.00</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 10 OF 51
<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. LESTER R BAUSTIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1370 60TH AVE  
 City LUVERNE State MN Zip Code 56156-4077  
 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 ▼ 270.00

Date of Receipt 08 / 22 / 2014  
**Transaction ID : SA11.110367**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. EDWIN W. BIEDERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1651 DOGWOOD CIR  
 City STATE COLLEGE State PA Zip Code 16803-3228  
 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 08 / 22 / 2014  
**Transaction ID : SA11.109552**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. DAVID L BOLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1265 RIDGEWOOD PL  
 City HOUSTON State TX Zip Code 77055-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CERES ENERGY PARTNERS Occupation SENIOR ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2014  
**Transaction ID : SA11.110543**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 555.00  
**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 11 OF 51
<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. ALAN A. BREGAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 MARQUETTE RD.

City SPRING VALLEY	State IL	Zip Code 61362-1612
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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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
08	/	21	/	2014

**Transaction ID : SA11.110336**

Amount of Each Receipt this Period  

185.00
--------

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

**B. MR. ALAN A. BREGAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 MARQUETTE RD.

City SPRING VALLEY	State IL	Zip Code 61362-1612
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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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : SA11.110428**

Amount of Each Receipt this Period  

45.00
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**CONTRIBUTION**  
**NON CONTRIBUTION ACCOUNT**

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

Mailing Address 1256 OAK GROVE AVE

City SAN MARINO	State CA	Zip Code 91108-1032
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED.	Occupation RETIRED
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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
08	/	21	/	2014

**Transaction ID : SA11.110528**

Amount of Each Receipt this Period  

110.00
--------

**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 12 OF 51
<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. SUZANNE CROWELL</b>		Date of Receipt
Mailing Address 1256 OAK GROVE AVE		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN MARINO	CA	91108-1032
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.110530</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="130.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="440.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MS. MARIA E. CUETO</b>		Date of Receipt
Mailing Address 1931 SW 14TH TER		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
MIAMI	FL	33145-1307
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.110538</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	REAL ESTATE BROKER	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="530.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. MARGARET A. DUNNING</b>		Date of Receipt
Mailing Address 406 SCHOOL RD APT 57		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
SATELLITE BEACH	FL	32937-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.110509</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<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="265.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="405.00"/>
<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 13 OF 51
<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 ▼ 525.00

Date of Receipt 08 / 28 / 2014  
**Transaction ID : SA11.110512**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. GRETA I. ERDMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13425 W OLD OAK LN.  
 City NEW BERLIN State WI Zip Code 53151-2531  
 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 ▼ 205.00

Date of Receipt 08 / 07 / 2014  
**Transaction ID : SA11.109953**  
 Amount of Each Receipt this Period 35.00  
 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-  
 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 08 / 21 / 2014  
**Transaction ID : SA11.110252**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<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 14 OF 51
<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 EVANS</b>		Date of Receipt MM / DD / YYYY 08 / 27 / 2014
Mailing Address 4720 SHERIDAN AVE.		<b>Transaction ID : SA11.110305</b>
City METAIRIE	State LA	Zip Code 70002-
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>B. MR. RAYMOND N. FINK</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2014
Mailing Address P.O. BOX 134		<b>Transaction ID : SA11.110533</b>
City WILLIAMSTON	State MI	Zip Code 48895-0134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
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 ▼ 410.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. ARTHUR M. FRYER</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014
Mailing Address 2117 E. CARSON STREET APARTMENT B3		<b>Transaction ID : SA11.110125</b>
City PITTSBURGH	State PA	Zip Code 15203-1921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 205.00	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 15 OF 51
<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. ELEANOR M. GEBHARDT</b>		Date of Receipt
Mailing Address 34 WHALERS CV.		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
BABYLON	NY	11702-2924
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.110337</b>
RETIRED	RETIRED	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="30.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼		NON CONTRIBUTION ACCOUNT
<input type="text" value="255.00"/>		

Full Name (Last, First, Middle Initial) <b>B. MRS. BARBARA A. GILLIATT</b>		Date of Receipt
Mailing Address 217 E COUNTY ROAD 250 S		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
PAOLI	IN	47454-8301
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.109757</b>
RETIRED	RETIRED	
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="275.00"/>		

Full Name (Last, First, Middle Initial) <b>C. MS. RUTH K. GORMLY</b>		Date of Receipt
Mailing Address 1220 RANCHO RD		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
ARCADIA	CA	91006-2240
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.110505</b>
RETIRED	RETIRED	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="75.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼		NON CONTRIBUTION ACCOUNT
<input type="text" value="280.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<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 16 OF 51
<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. ROBIN A. GRAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014
Mailing Address 1439 HOO DOO MOUNTAIN RD		<b>Transaction ID : SA11.110324</b>
City PRIEST RIVER	State ID	Zip Code 83856-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 235.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. PHYLLIS M. HAMILTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 27 / 2014
Mailing Address 38120 STATE RTE. 518		<b>Transaction ID : SA11.109802</b>
City LISBON	State OH	Zip Code 44432-9712
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 ▼ 310.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. CHARLES L. HAMMOND</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 20 / 2014
Mailing Address 404 STEVENSON ST		<b>Transaction ID : SA11.110459</b>
City SAYRE	State PA	Zip Code 18840-1747
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 ▼ 245.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<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 51
<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. FRED A. P. HESS</b>		Date of Receipt
Mailing Address 61 DINSMORE AVE		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
PITTSBURGH	PA	15205-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.110462</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="205.00"/>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. MARY L. JACOBY</b>		Date of Receipt
Mailing Address 3003 PADDOCK RD APT 518		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
OMAHA	NE	68124-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.109907</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>C. MS. SYBIL H. JOHNSON</b>		Date of Receipt
Mailing Address 636 PADEN DR.		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
BIRMINGHAM	AL	35226-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.109925</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="165.00"/>
<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 18 OF 51
<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. SYBIL H. JOHNSON</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2014
Mailing Address 636 PADEN DR.		<b>Transaction ID : SA11.109946</b>
City BIRMINGHAM	State AL	Zip Code 35226-
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 ▼ 270.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. SYBIL H. JOHNSON</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2014
Mailing Address 636 PADEN DR.		<b>Transaction ID : SA11.109954</b>
City BIRMINGHAM	State AL	Zip Code 35226-
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 ▼ 270.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. KATHLEEN KALUZA</b>		Date of Receipt MM / DD / YYYY 08 / 27 / 2014
Mailing Address 201 21ST AVE NW		<b>Transaction ID : SA11.109855</b>
City GREAT FALLS	State MT	Zip Code 59404-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer INFORMATION REQUESTED PER BEST EFF	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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<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 19 OF 51
<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. KATHLEEN KALUZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 21ST AVE NW  
 City GREAT FALLS State MT Zip Code 59404-  
 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 ▼ 225.00

Date of Receipt 08 / 05 / 2014  
**Transaction ID : SA11.109860**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. KATHLEEN KALUZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 21ST AVE NW  
 City GREAT FALLS State MT Zip Code 59404-  
 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 ▼ 225.00

Date of Receipt 08 / 27 / 2014  
**Transaction ID : SA11.109902**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MS. PHYLLIS H. LAMMERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2907 E SENNETT ST  
 City WICHITA State KS Zip Code 67211-3851  
 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 ▼ 305.00

Date of Receipt 08 / 21 / 2014  
**Transaction ID : SA11.110409**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional).....▶ 165.00  
**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 20 OF 51
<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. PHYLLIS H. LAMMERT</b>		Date of Receipt MM / DD / YYYY 08 / 25 / 2014 <b>Transaction ID : SA11.110416</b>
Mailing Address 2907 E SENNETT ST		Amount of Each Receipt this Period 40.00
City WICHITA	State KS	Zip Code 67211-3851
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 ▼ 305.00	

Full Name (Last, First, Middle Initial) <b>B. MS. ALICE O. LEBEWOHL</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2014 <b>Transaction ID : SA11.110536</b>
Mailing Address 5500 CALLE REAL BLDG A129		Amount of Each Receipt this Period 200.00
City SANTA BARBARA	State CA	Zip Code 93111-1692
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 ▼ 830.00	

Full Name (Last, First, Middle Initial) <b>C. MS. BARBARA M. LIVINGSTON</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 <b>Transaction ID : SA11.109958</b>
Mailing Address 11094 HEATHROW AVE		Amount of Each Receipt this Period 40.00
City SPRING HILL	State FL	Zip Code 34609-0237
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 ▼ 215.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<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 51
<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. MARIE D. MASTERS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 05 / 2014 <b>Transaction ID : SA11.109895</b>
Mailing Address P.O. BOX 302		Amount of Each Receipt this Period 65.00
City WEBSTER	State WI	Zip Code 54893-0302
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 ▼ 430.00	

Full Name (Last, First, Middle Initial) <b>B. MS. MARIE D. MASTERS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2014 <b>Transaction ID : SA11.109896</b>
Mailing Address P.O. BOX 302		Amount of Each Receipt this Period 65.00
City WEBSTER	State WI	Zip Code 54893-0302
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 ▼ 430.00	

Full Name (Last, First, Middle Initial) <b>C. MS. TRUDY MCCORY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2014 <b>Transaction ID : SA11.110540</b>
Mailing Address 426 PARKWOOD DR		Amount of Each Receipt this Period 230.00
City PRATTVILLE	State AL	Zip Code 36067-4025
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).....▶	360.00
<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 51
<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. DORIS E. MCGUIRE</b>		Date of Receipt MM / DD / YYYY 08 / 18 / 2014 <b>Transaction ID : SA11.109899</b>
Mailing Address 16371 W FORREST HILLS RD		Amount of Each Receipt this Period 75.00
City CASHION	State OK	Zip Code 73016-9793
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 ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. MS. GLENNA H. MEHLING</b>		Date of Receipt MM / DD / YYYY 08 / 27 / 2014 <b>Transaction ID : SA11.110510</b>
Mailing Address 1486 WILLIAR AVE		Amount of Each Receipt this Period 75.00
City CORYDON	State IN	Zip Code 47112-2216
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. MS. BARBARA J MICKO</b>		Date of Receipt MM / DD / YYYY 08 / 25 / 2014 <b>Transaction ID : SA11.110326</b>
Mailing Address 2059 SCARBROUGH RD		Amount of Each Receipt this Period 28.00
City SPRINGFIELD	State IL	Zip Code 62702-2057
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 ▼ 208.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	178.00
<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 23 OF 51
<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 J MICKO</b>		Date of Receipt MM / DD / YYYY 08 / 27 / 2014
Mailing Address 2059 SCARBROUGH RD		<b>Transaction ID : SA11.110485</b>
City SPRINGFIELD	State IL	Zip Code 62702-2057
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 ▼ 208.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. STEVEN G. MIHAYLO</b>		Date of Receipt MM / DD / YYYY 08 / 18 / 2014
Mailing Address P.O. BOX 19790		<b>Transaction ID : SA11.110648</b>
City RENO	State NV	Zip Code 89511-2471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30000.00
Name of Employer IMERCHANT	Occupation CEO	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175000.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. JENNIE S. MILAZZO</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2014
Mailing Address 515 OVINGTON AVE APT 4K		<b>Transaction ID : SA11.110272</b>
City BROOKLYN	State NY	Zip Code 11209-1753
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).....▶	30075.00
<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 51
<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. ADRIANA MILIUSIS</b>		Date of Receipt
Mailing Address 6141 PEBBLE DR		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
ALLENDALE	MI	49401-
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.110464</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	CONTRIBUTION
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="205.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MS. MARGARET F. MILLER</b>		Date of Receipt
Mailing Address 13553 KENSINGTON PL		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
CARMEL	IN	46032-5360
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.109852</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer	Occupation	CONTRIBUTION
HOMEMAKER	HOMEMAKER	
Receipt For:	Aggregate Year-to-Date ▼	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. MARIA M. MONTEZ</b>		Date of Receipt
Mailing Address 3450 E PRESIDIO RD		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
TUCSON	AZ	85716-1622
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11.110481</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	CONTRIBUTION
UAHN	NURSE	
Receipt For:	Aggregate Year-to-Date ▼	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="135.00"/>
<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 25 OF 51
<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. MICHAEL J. MONTGOMERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 CROWN PASSAGE DR  
 City SAINT CHARLES State MO Zip Code 63303-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITI BANK Occupation MARKETING MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 22 / 2014  
**Transaction ID : SA11.110541**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. FRED J. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17202 BALD HL. RD. SE  
 City YELM State WA Zip Code 98597-  
 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 08 / 13 / 2014  
**Transaction ID : SA11.110515**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. FRED J. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17202 BALD HL. RD. SE  
 City YELM State WA Zip Code 98597-  
 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 08 / 21 / 2014  
**Transaction ID : SA11.110531**  
 Amount of Each Receipt this Period 140.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	490.00
<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 26 OF 51
<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. ANTHONY E. MOURAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28277 DEQUINDRE RD  
 City MADISON HEIGHTS State MI Zip Code 48071-3002  
 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 ▼ 250.00

Date of Receipt 08 / 28 / 2014  
**Transaction ID : SA11.110532**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. KAREN PATRICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N3546 HARDSCRABBLE RD  
 City DOUSMAN State WI Zip Code 53118-9409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FAIRWAY TRANSIT INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 25 / 2014  
**Transaction ID : SA11.110373**  
 Amount of Each Receipt this Period 35.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. ROBERT W. PETTIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3121 N 103RD ST  
 City MILWAUKEE State WI Zip Code 53222-  
 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 ▼ 215.00

Date of Receipt 08 / 21 / 2014  
**Transaction ID : SA11.110152**  
 Amount of Each Receipt this Period 20.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	205.00
<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 51
<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. ERNEST D PRESTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10862 HANDCOCK RD

City State Zip Code  
FILLMORE NY 14735-8672

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

Name of Employer Occupation  
SELF EMPLOYED DAIRY FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
08 / 14 / 2014  
Transaction ID : SA11.109909

Amount of Each Receipt this Period  
130.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MR. ERIK G. RENKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 OSCAR STREET

City State Zip Code  
EL CAMPO TX 77437-5034

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

Name of Employer Occupation  
VITAMIN POWER INC. SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 25 / 2014  
Transaction ID : SA11.110513

Amount of Each Receipt this Period  
90.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MR. ERIK G. RENKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 OSCAR STREET

City State Zip Code  
EL CAMPO TX 77437-5034

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

Name of Employer Occupation  
VITAMIN POWER INC. SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 04 / 2014  
Transaction ID : SA11.110527

Amount of Each Receipt this Period  
110.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00

**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 28 OF 51
	<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. LUNSFORD RICHARDSON</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : SA11.110539</b>
Mailing Address 4100 WELL SPRING DR UNIT 1120		Amount of Each Receipt this Period 230.00
City GREENSBORO State NC Zip Code 27410-8827	CONTRIBUTION	
FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT	
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 ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JERRY T. ROTAN</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2014 <b>Transaction ID : SA11.110503</b>
Mailing Address 9821 PONDEROSA LN		Amount of Each Receipt this Period 70.00
City SAN ANGELO State TX Zip Code 76904-2535	CONTRIBUTION	
FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT	
Name of Employer SELF EMPLOYED Occupation OIL FIELD CONTRACTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) <b>C. MS. ANNE M. RYAN</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : SA11.110534</b>
Mailing Address 5402 PENNOCK POINT ROAD		Amount of Each Receipt this Period 200.00
City JUPITER State FL Zip Code 33458-3448	CONTRIBUTION	
FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT	
Name of Employer MUSICIAN Occupation SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

<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 29 OF 51
<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. JACK L. SCHIEFELBEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7507 NE 47TH AVE  
 City VANCOUVER State WA Zip Code 98661-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ELECTRO Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 18 / 2014**  
**Transaction ID : SA11.110542**  
 Amount of Each Receipt this Period **300.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. ARDIS M. SCHULTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3895 KEEWEENAW DR NE  
 City GRAND RAPIDS State MI Zip Code 49525-2055  
 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 **225.00**

Date of Receipt **08 / 06 / 2014**  
**Transaction ID : SA11.110506**  
 Amount of Each Receipt this Period **75.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. DANIEL . SHOEMAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2307 E 101ST WAY  
 City THORNTON State CO Zip Code 80229-2712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation MAINTENANCE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **205.00**

Date of Receipt **08 / 06 / 2014**  
**Transaction ID : SA11.110333**  
 Amount of Each Receipt this Period **30.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>405.00</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 30 OF 51
<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. LOREN STOLTZ</b>		Date of Receipt MM / DD / YYYY 08 / 14 / 2014
Mailing Address 211 YORKSHIRE CRES		<b>Transaction ID : SA11.109512</b>
City THOMASVILLE	State GA	Zip Code 31792-8722
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.00	
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 ▼ 275.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. LOREN STOLTZ</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014
Mailing Address 211 YORKSHIRE CRES		<b>Transaction ID : SA11.109513</b>
City THOMASVILLE	State GA	Zip Code 31792-8722
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.00	
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 ▼ 275.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. KENNETH J. STUDEMAN</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2014
Mailing Address 65523 N CENTERVILLE RD		<b>Transaction ID : SA11.109519</b>
City STURGIS	State MI	Zip Code 49091-9148
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 ▼ 1080.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<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 31 OF 51
<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. ENOCH THORSGARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 39TH ST NE  
 City NORTHWOOD State ND Zip Code 58267-9563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ENOCH THORSGARD Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 08 / 22 / 2014  
**Transaction ID : SA11.110525**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. GERTRUDE WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3278 80TH AVE SE APT 4  
 City MERCER ISLAND State WA Zip Code 98040-  
 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 08 / 11 / 2014  
**Transaction ID : SA11.109912**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MRS. CHRISSY WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5813 OLD JACKSONVILLE RD  
 City SPRINGFIELD State IL Zip Code 62711-6146  
 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 ▼ 230.00

Date of Receipt 08 / 27 / 2014  
**Transaction ID : SA11.109910**  
 Amount of Each Receipt this Period 180.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	36918.00

**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. 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:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2014

**Transaction ID : SB21B.I900**

Amount of Each Disbursement this Period

10.00

**B. CHAIN BRIDGE BANK**

Full Name (Last, First, Middle Initial)

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:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

**Transaction ID : SB21B.I904**

Amount of Each Disbursement this Period

10.00

**C. CHAIN BRIDGE BANK**

Full Name (Last, First, Middle Initial)

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:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2014

**Transaction ID : SB21B.I906**

Amount of Each Disbursement this Period

10.00

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

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

30.00



**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. 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:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

**Transaction ID : SB21B.I909**

Amount of Each Disbursement this Period

65.10

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 CONTRIBUTION PROCESSING & DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2014

**Transaction ID : SB21B.I896**

Amount of Each Disbursement this Period

1808.99

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 CONTRIBUTION PROCESSING & DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : SB21B.I902**

Amount of Each Disbursement this Period

971.94

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

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

2846.03

**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. 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:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB21B.I898**

Amount of Each Disbursement this Period

283.34

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:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB21B.I911**

Amount of Each Disbursement this Period

63.11

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2014

**Transaction ID : SB21B.I897**

Amount of Each Disbursement this Period

7589.93

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

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

7936.38

**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:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : SB21B.I903**

Amount of Each Disbursement this Period

4243.64

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:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

**Transaction ID : SB21B.I905**

Amount of Each Disbursement this Period

8703.26

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:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

**Transaction ID : SB21B.I907**

Amount of Each Disbursement this Period

870.73

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

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

13817.63

**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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	4

**Transaction ID : SB21B.I912**

Amount of Each Disbursement this Period

1	0	9	.	9	8
---	---	---	---	---	---

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 TELEMARKETING

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	8		0	1		2	0	1	4

**Transaction ID : SB21B.I910**

Amount of Each Disbursement this Period

3	1	.	0	0
---	---	---	---	---

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	4

**Transaction ID : SB21B.I908**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

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

6	4	0	.	9	8
---	---	---	---	---	---

2	5	2	7	1	.	0	2
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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 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. NADINE MAENZA**

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement  
PAC MGMT & FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 18 / 2014

Transaction ID : **SB29.I926**

Amount of Each Disbursement this Period

2700.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. SHELLEY AHLERSMEYER**

Mailing Address 84 POPLAR STREET

City WARSAW State IN Zip Code 46582

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 18 / 2014

Transaction ID : **SB29.I924**

Amount of Each Disbursement this Period

2500.00

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : **SB29.I917**

Amount of Each Disbursement this Period

42.56

NON CONTRIBUTION ACCOUNT

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

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

5242.56

**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:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : **SB29.I913**

Amount of Each Disbursement this Period

595.13

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 CONTRIBUTION PROCESSING & DATABASE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2014

Transaction ID : **SB29.I918**

Amount of Each Disbursement this Period

135.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. COLON & COMPANY**

Mailing Address 3405 EDLOE STREET  
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2014

Transaction ID : **SB29.I925**

Amount of Each Disbursement this Period

3000.00

NON CONTRIBUTION ACCOUNT

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

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

3730.13

**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. 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:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 04 / 2014

Transaction ID : **SB29.I922**

Amount of Each Disbursement this Period

60.32

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : **SB29.I915**

Amount of Each Disbursement this Period

303.69

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : **SB29.I916**

Amount of Each Disbursement this Period

32984.75

NON CONTRIBUTION ACCOUNT

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

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

33348.76

**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:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I920**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. PATRIOT VOICES, INC.**

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement  
DONATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I923**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. PATRIOT VOICES, INC.**

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement  
DONATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I927**

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

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**

**A. USA AEPAY**

Full Name (Last, First, Middle Initial)

Mailing Address 4929 WILSHIRE BLVD  
SUITE 800

City LOS ANGELEL State CA Zip Code 90010

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
08 / 06 / 2014

**Transaction ID : SB29.I914**

Amount of Each Disbursement this Period  
20.00

NON CONTRIBUTION ACCOUNT

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20.00

**TOTAL** This Period (last page this line number only)..... ▶ 89946.95

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 51
	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>NADINE MAENZA</b>	Nature of Debt (Purpose): MGMT & FUNDRAISING CONSULTING
Mailing Address 315 FOXTAIL LANE	
City State Zip Code SPRING CITY PA 19475	

Outstanding Balance Beginning This Period 3650.00	<b>Transaction ID : SD10.60101</b>	
Amount Incurred This Period 2300.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5950.00

B. 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 LANSDOWNE VA 20176	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.60109</b>	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. 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 5346.22	<b>Transaction ID : SD10.60102</b>	
Amount Incurred This Period 3630.40	Payment This Period 2915.93	Outstanding Balance at Close of This Period 6060.69

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	13010.69
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 51
	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>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="2548.22"/>	<b>Transaction ID : SD10.60103</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="2548.22"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HSP DIRECT</b>	Nature of Debt (Purpose): DIRECT MAIL
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450	
City State Zip Code HERNDON VA 20171	

Outstanding Balance Beginning This Period <input type="text" value="42845.80"/>	<b>Transaction ID : SD10.60105</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="21407.56"/>	Outstanding Balance at Close of This Period <input type="text" value="21438.24"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOCH &amp; HOOS</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="3617.65"/>	<b>Transaction ID : SD10.60104</b>	
Amount Incurred This Period <input type="text" value="2219.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5837.15"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="29823.61"/>
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"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 51
	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>SUNRISE DATA SERVICES</b>	Nature of Debt (Purpose): LIST EXPENSE
Mailing Address 44845 FALCON PLACE SUITE 101A	
City State Zip Code DULLES VA 20166	

Outstanding Balance Beginning This Period <input type="text" value="2050.00"/>	<b>Transaction ID : SD10.60106</b>	
Amount Incurred This Period <input type="text" value="585.00"/>	Payment This Period <input type="text" value="500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2135.00"/>

B. 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"/>

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="2135.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="44969.30"/>
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="44969.30"/>

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
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
8/4/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
John Moolenaar
Support
Office Sought: House
District: 04
State: MI
Calendar Year-To-Date
Per Election for Office Sought
46.51

Date of Public Distribution/Dissemination
08 / 04 / 2014
Amount
8.36
Transaction ID : SE.J0030
Date of Disbursement or Obligation
Disbursement For: Primary
2014

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
8/4/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Terri Lynn Land
Support
Office Sought: Senate
State: MI
Calendar Year-To-Date
Per Election for Office Sought
250.57

Date of Public Distribution/Dissemination
08 / 04 / 2014
Amount
8.37
Transaction ID : SE.J0031
Date of Disbursement or Obligation
Disbursement For: Primary
2014

(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
09 / 20 / 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
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
8/5/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
John Moolenaar
Support
Office Sought: House
District: 04
State: MI
Calendar Year-To-Date
Per Election for Office Sought
46.51

Date of Public Distribution/Dissemination
08 / 05 / 2014
Amount
38.15
Transaction ID : SE.J0032
Date of Disbursement or Obligation
Disbursement For: Primary
2014

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
8/5/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Weston Wamp
Support
Office Sought: House
District: 03
State: TN
Calendar Year-To-Date
Per Election for Office Sought
59.43

Date of Public Distribution/Dissemination
08 / 05 / 2014
Amount
38.15
Transaction ID : SE.J0033
Date of Disbursement or Obligation
Disbursement For: Primary
2014

(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 09 / 20 / 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
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
8/6/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Weston Wamp
Support
Office Sought: House
District: 03
State: TN
Calendar Year-To-Date
Per Election for Office Sought
59.43

Date of Public Distribution/Dissemination
08 / 06 / 2014
Amount
10.62
Transaction ID : SE.J0034
Date of Disbursement or Obligation
Disbursement For: Primary
2014

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
8/7/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Terri Lynn Land
Support
Office Sought: Senate
State: MI
Calendar Year-To-Date
Per Election for Office Sought
570.92

Date of Public Distribution/Dissemination
08 / 07 / 2014
Amount
237.58
Transaction ID : SE.J0035
Date of Disbursement or Obligation
Disbursement For: General
2014

(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: 09 / 20 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> C00528307       </div>
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>CMDI</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          08 / 07 / 2014       </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          237.58       </div>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J0036</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure 8/7/14 EMAIL COMMUNICATION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span> </div>
Name of Federal Candidate Joni Ernst	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: IA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          570.91       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CMDI</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          08 / 07 / 2014       </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          237.59       </div>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J0037</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure 8/7/14 EMAIL COMMUNICATION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span> </div>
Name of Federal Candidate Cory Gardner	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: CO
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          6393.31       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          0.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span> </div>

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 M M / D D D D / Y Y Y Y Y Y  
 09 / 20 / 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
ACTIVE ENGAGEMENT
MEMO ITEM
Mailing Address
44084 RIVERSIDE PARKWAY
SUITE 350
City
LANSDOWN State
VA Zip Code
20176
Purpose of Expenditure
8/7/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Terri Lynn Land
Support
Office Sought:
Senate State: MI
Calendar Year-To-Date
Per Election for Office Sought
570.92

Date of Public Distribution/Dissemination
08 / 07 / 2014
Amount
333.34
Transaction ID : SE.J0038
Date of Disbursement or Obligation
Disbursement For:
General
2014

Full Name of Payee
ACTIVE ENGAGEMENT
MEMO ITEM
Mailing Address
44084 RIVERSIDE PARKWAY
SUITE 350
City
LANSDOWN State
VA Zip Code
20176
Purpose of Expenditure
8/7/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Joni Ernst
Support
Office Sought:
Senate State: IA
Calendar Year-To-Date
Per Election for Office Sought
570.91

Date of Public Distribution/Dissemination
08 / 07 / 2014
Amount
333.33
Transaction ID : SE.J0039
Date of Disbursement or Obligation
Disbursement For:
General
2014

(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
09 / 20 / 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
ACTIVE ENGAGEMENT
MEMO ITEM
Mailing Address
44084 RIVERSIDE PARKWAY
SUITE 350
City
LANSDOWN State
VA Zip Code
20176
Purpose of Expenditure
8/7/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Cory Gardner
Support
Office Sought:
House
Senate
State: CO
Calendar Year-To-Date
Per Election for Office Sought
6393.31

Date of Public Distribution/Dissemination
08 / 07 / 2014
Amount
333.33
Transaction ID : SE.J0040
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
CMDI
MEMO ITEM
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER State
VA Zip Code
22182
Purpose of Expenditure
8/12/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Glenn Grothman
Support
Office Sought:
House
Senate
State: WI
Calendar Year-To-Date
Per Election for Office Sought
77.62

Date of Public Distribution/Dissemination
08 / 12 / 2014
Amount
7.91
Transaction ID : SE.J0041
Date of Disbursement or Obligation
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: 09 / 20 / 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>ACTIVE ENGAGEMENT</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>08 / 27 / 2014</b>
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350	Amount <span style="margin-left: 20px;">1000.00</span>
City State Zip Code LANSDOWN VA 20176	<b>Transaction ID : SE.J0042</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>08 / 26 / 2014</b>
Purpose of Expenditure 8/27/14 EMAIL COMMUNICATION	Category/Type <span style="margin-left: 20px;">[ ]</span>
Name of Federal Candidate Cory Gardner	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <b>CO</b>
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) _____ <span style="margin-left: 20px;">6393.31</span>

Full Name of Payee <b>CMDI</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>08 / 27 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="margin-left: 20px;">706.61</span>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J0043</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure 8/27/14 EMAIL COMMUNICATION	Category/Type <span style="margin-left: 20px;">[ ]</span>
Name of Federal Candidate Cory Gardner	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <b>CO</b>
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) _____ <span style="margin-left: 20px;">6393.31</span>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">1000.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;">[ ]</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;">1000.00</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  
**09 / 20 / 2014**

Signature