

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.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer *[Electronically Filed]* Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PATRIOT VOICES PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="294498.82"/>	<input type="text" value="294498.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20805.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="285081.37"/>	<input type="text" value="685057.24"/>
(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="305887.06"/>	<input type="text" value="979556.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="270549.41"/>	<input type="text" value="944218.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35337.65"/>	<input type="text" value="35337.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="51140.88"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
PATRIOT VOICES PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 05 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	5315.00	17425.00
(ii) Unitemized	75918.37	98024.37
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	81233.37	115449.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	81233.37	115449.37
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	25.00	184.08
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	203823.00	569423.79
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	285081.37	685057.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	285081.37	685057.24

DETAILED SUMMARY PAGE

of Disbursements

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	45144.32	83446.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45144.32	83446.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	23179.08	53329.92
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	20.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	20.00
29. Other Disbursements	202226.01	807422.13
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	270549.41	944218.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	270549.41	944218.41

DETAILED SUMMARY PAGE
of Disbursements

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 160
	(check only one)	
<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

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

Mailing Address 1845 GROSSE POINTE CIRCLE

City HANOVER PARK	State IL	Zip Code 60133-6723
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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 ▼
285.00

Date of Receipt

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

Transaction ID : SA11.59415

Amount of Each Receipt this Period

4	3	2	1	0	.	0	0
						2	8

35.00

CONTRIBUTION

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

Mailing Address 1845 GROSSE POINTE CIRCLE

City HANOVER PARK	State IL	Zip Code 60133-6723
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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 ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Transaction ID : SA11.67690

Amount of Each Receipt this Period

4	3	2	1	0	.	0	0
						2	5

250.00

CONTRIBUTION

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

Mailing Address 613 BALTIMORE DRIVE

City WILKES BARRE	State PA	Zip Code 18702-7902
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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
11		20		2013

Transaction ID : SA11.73397

Amount of Each Receipt this Period

4	3	2	1	0	.	0	0
						2	0

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	▶	<table border="1"><tr><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td><td>.</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>4</td><td>8</td></tr></table> 485.00	4	3	2	1	0	.	0	0							4	8
4	3	2	1	0	.	0	0											
						4	8											
TOTAL This Period (last page this line number only).....	▶	<table border="1"><tr><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td><td>.</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td></tr></table>	4	3	2	1	0	.	0	0							0	0
4	3	2	1	0	.	0	0											
						0	0											

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. LILLIAN BEVIER
Full Name (Last, First, Middle Initial)
Mailing Address 712 RUGBY RD
City CHARLOTTEVILLE State VA Zip Code 22903-1627
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation LAW PROF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2013
Transaction ID : SA11.72906
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. MRS. WILMA S. EDWARDS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 2948
City DEL MAR State CA Zip Code 92014-5948
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2013
Transaction ID : SA11.64322
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. MARC IVERSON
Full Name (Last, First, Middle Initial)
Mailing Address 6037 SHARON RD.
City CHARLOTTE State NC Zip Code 28210-6827
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation DISABLED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2013
Transaction ID : SA11.73209
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 8 OF 160
	(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. DR. MARTHA S. KNEECE
Full Name (Last, First, Middle Initial)

Mailing Address 1752 JUNIPER SPRING ROAD

City	State	Zip Code
GILBERT	SC	29054-9415

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11.62812

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. MR. ROBERT E. MARX
Full Name (Last, First, Middle Initial)

Mailing Address 89 PENINSULA DRIVE

City	State	Zip Code
BABYLON	NY	11702-3315

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2013

Transaction ID : SA11.65651

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C. MRS. EDITH M. PATRICK
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 125

City	State	Zip Code
CORNWALL	PA	17016-0125

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11.68083

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	740.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Mailing Address 190 E. 72ND STREET

City NEW YORK State NY Zip Code 10021-4370

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 262 DEERFIELD CIRCLE

City KINGWOOD State WV Zip Code 26537-1358

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Amount of Each Receipt this Period
 240.00

CONTRIBUTION

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

Mailing Address 1275 VALLEY VISTA LANE

City FOREST State VA Zip Code 24551-4366

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Amount of Each Receipt this Period
 600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1840.00
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 10 OF 160
	(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. MR. JOHN W. ZIEGLER JR.
Full Name (Last, First, Middle Initial)

Mailing Address 515 GRACE TERRACE

City NEW OXFORD State PA Zip Code 17350-7325

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : SA11.73511

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 515 GRACE TERRACE

City NEW OXFORD State PA Zip Code 17350-7325

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2013

Transaction ID : SA11.73548

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. BARB AAKER
Full Name (Last, First, Middle Initial)

Mailing Address 2625 SUMMIT DR

City LAKE OSWEGO	State OR	Zip Code 97034-3635
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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
10	/	02	/	2013

Transaction ID : SA11.70983

Amount of Each Receipt this Period
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. BARB AAKER
Full Name (Last, First, Middle Initial)

Mailing Address 2625 SUMMIT DR

City LAKE OSWEGO	State OR	Zip Code 97034-3635
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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
12	/	31	/	2013

Transaction ID : SA11.76411

Amount of Each Receipt this Period
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. BERT AERNI
Full Name (Last, First, Middle Initial)

Mailing Address 13659 W 59TH DR

City ARVADA	State CO	Zip Code 80004-3741
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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 ▼
215.00

Date of Receipt

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

Transaction ID : SA11.71206

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. BERT AERNI		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 Transaction ID : SA11.72162
Mailing Address 13659 W 59TH DR		Amount of Each Receipt this Period 30.00
City ARVADA	State CO	Zip Code 80004-3741
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 ▼ 215.00	

Full Name (Last, First, Middle Initial) B. MR. BERT AERNI		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2013 Transaction ID : SA11.76030
Mailing Address 13659 W 59TH DR		Amount of Each Receipt this Period 35.00
City ARVADA	State CO	Zip Code 80004-3741
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 ▼ 215.00	

Full Name (Last, First, Middle Initial) C. MS. ERNA R. AGUILAR		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 Transaction ID : SA11.76240
Mailing Address 1414 W SAGINAW WAY		Amount of Each Receipt this Period 250.00
City FRESNO	State CA	Zip Code 93705-2455
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. ROBERT ANGELUCCI
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 CECELIA ACRES DR.
 City WARMINSTER State PA Zip Code 18974-1681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 04 / 2013
Transaction ID : SA11.70959
 Amount of Each Receipt this Period 60.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. ROBERT ANGELUCCI
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 CECELIA ACRES DR.
 City WARMINSTER State PA Zip Code 18974-1681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 18 / 2013
Transaction ID : SA11.76135
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MRS. HELEN AYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 724 E 1000 NORTH RD
 City BEMENT State IL Zip Code 61813-3715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2013
Transaction ID : SA11.70984
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MRS. HELEN AYERS		Date of Receipt
Mailing Address 724 E 1000 NORTH RD		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
BEMENT	IL	61813-3715
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11.70985
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="100.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MRS. HELEN AYERS		Date of Receipt
Mailing Address 724 E 1000 NORTH RD		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
BEMENT	IL	61813-3715
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11.75808
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="100.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. SUSAN D. BAILEY		Date of Receipt
Mailing Address 5844 PILAR CT		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN JOSE	CA	95120-1721
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11.68742
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	<input type="text" value="200.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. VINAL BOWYER		Date of Receipt MM / DD / YYYY 11 / 01 / 2013 Transaction ID : SA11.72799
Mailing Address 2539 S WILLOW CREEK DR		Amount of Each Receipt this Period 200.00
City PERU	State IN	Zip Code 46970-7202
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) B. MR. GEORGE BRIDGMAN		Date of Receipt MM / DD / YYYY 09 / 17 / 2013 Transaction ID : SA11.70067
Mailing Address 1092 87TH AVE W		Amount of Each Receipt this Period 150.00
City DULUTH	State MN	Zip Code 55808-1419
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) C. MR. GEORGE BRIDGMAN		Date of Receipt MM / DD / YYYY 11 / 04 / 2013 Transaction ID : SA11.72736
Mailing Address 1092 87TH AVE W		Amount of Each Receipt this Period 100.00
City DULUTH	State MN	Zip Code 55808-1419
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 ▼ 350.00	

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Mailing Address 1092 87TH AVE W

City State Zip Code
DULUTH MN 55808-1419

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 ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2013

Transaction ID : SA11.76141

Amount of Each Receipt this Period
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. LISA BRIGGS
Full Name (Last, First, Middle Initial)

Mailing Address 3745 SEVILLE DR.

City State Zip Code
FLORISSANT MO 63033-2830

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

Name of Employer Occupation
BJC ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11.70238

Amount of Each Receipt this Period
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. LISA BRIGGS
Full Name (Last, First, Middle Initial)

Mailing Address 3745 SEVILLE DR.

City State Zip Code
FLORISSANT MO 63033-2830

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

Name of Employer Occupation
BJC ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2013

Transaction ID : SA11.72722

Amount of Each Receipt this Period
75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. ROBINSON BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 3600 WOODSIDE RD

City LOUISVILLE State KY Zip Code 40222-5963

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2013
Transaction ID : SA11.76241

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. DANIEL BUCHANAN
Full Name (Last, First, Middle Initial)

Mailing Address W4314 CENTER RD

City OWEN State WI Zip Code 54460-9102

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

Name of Employer SELF EMPLOYED Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11.69965

Amount of Each Receipt this Period
 150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. WALTER C. BURMEISTER
Full Name (Last, First, Middle Initial)

Mailing Address 5314 S SPRINGFIELD AVE

City CHICAGO State IL Zip Code 60632-3729

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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11.70139

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. MICHELE CALEBAUGH		Date of Receipt MM / DD / YYYY 10 / 04 / 2013
Mailing Address 1291 SADDLEBRONC CT		Transaction ID : SA11.71335
City MINDEN	State NV	Zip Code 89423-8848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer DISABLED	Occupation NA	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. ALBERT CELLER		Date of Receipt MM / DD / YYYY 11 / 22 / 2013
Mailing Address 12 WADAMS CT		Transaction ID : SA11.72800
City WEST ORANGE	State NJ	Zip Code 07052-1440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer MANUFACTURE	Occupation HAIR STYLIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. ELEANOR L. COBB		Date of Receipt MM / DD / YYYY 10 / 17 / 2013
Mailing Address 131 S VISTA ST		Transaction ID : SA11.70968
City LOS ANGELES	State CA	Zip Code 90036-2707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

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

Transaction ID : SA11.71088

Amount of Each Receipt this Period
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

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

Transaction ID : SA11.71435

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

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

Transaction ID : SA11.68717

Amount of Each Receipt this Period
75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. DR. LOIS J. COPELAND		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2013
Mailing Address 25 SPARROWBUSH RD		Transaction ID : SA11.71336
City UPPER SADDLE RIVER	State NJ	Zip Code 07458-1400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer SELF EMPLOYED	Occupation DOCTOR	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. MR. RICHARD A. COVINO		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2013
Mailing Address 232 GLEN COVE AVE		Transaction ID : SA11.71089
City GLEN COVE	State NY	Zip Code 11542-4188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer GLEN COVE AUTO SALVAGE, INC.	Occupation AUTO SALES	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. RICHARD A. COVINO		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2013
Mailing Address 232 GLEN COVE AVE		Transaction ID : SA11.72790
City GLEN COVE	State NY	Zip Code 11542-4188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer GLEN COVE AUTO SALVAGE, INC.	Occupation AUTO SALES	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. MARK F. CUMMINGS		Date of Receipt MM / DD / YYYY 09 / 11 / 2013 Transaction ID : SA11.70277
Mailing Address 6123 N. FRANCISCO AVENUE		Amount of Each Receipt this Period 25.00
City CHICAGO	State IL	Zip Code 60659-2501
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer VOLUNTEER	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. MR. MARK F. CUMMINGS		Date of Receipt MM / DD / YYYY 10 / 04 / 2013 Transaction ID : SA11.70427
Mailing Address 6123 N. FRANCISCO AVENUE		Amount of Each Receipt this Period 20.00
City CHICAGO	State IL	Zip Code 60659-2501
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer VOLUNTEER	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. MR. MARK F. CUMMINGS		Date of Receipt MM / DD / YYYY 12 / 13 / 2013 Transaction ID : SA11.76151
Mailing Address 6123 N. FRANCISCO AVENUE		Amount of Each Receipt this Period 100.00
City CHICAGO	State IL	Zip Code 60659-2501
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer VOLUNTEER	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional).....▶	145.00
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 27 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. SIMON D. DAVIDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4107 TRENT LN
 City LAKE CHARLES State LA Zip Code 70605-4290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 18 / 2013**
Transaction ID : SA11.75857
 Amount of Each Receipt this Period **200.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. PAUL DESANTIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 35060 CANNON RD.
 City BENTLEYVILLE State OH Zip Code 44022-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BABCOCK & WILCOX Occupation ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 30 / 2013**
Transaction ID : SA11.75848
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11.70030
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶ 175.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MRS. WILMA S. EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2948

City DEL MAR	State CA	Zip Code 92014-5948
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2013

Transaction ID : SA11.71093

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MRS. WILMA S. EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2948

City DEL MAR	State CA	Zip Code 92014-5948
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

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

Transaction ID : SA11.71346

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. WALTER EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 SHERIDAN AVE.

City METAIRIE	State LA	Zip Code 70002-1352
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 235.00

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

Transaction ID : SA11.70281

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. WALTER EVANS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 04 / 2013
Mailing Address 4720 SHERIDAN AVE.		Transaction ID : SA11.70938
City METAIRIE	State LA	Zip Code 70002-1352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 235.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. WALTER EVANS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013
Mailing Address 4720 SHERIDAN AVE.		Transaction ID : SA11.72023
City METAIRIE	State LA	Zip Code 70002-1352
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 ▼ 235.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. WALTER EVANS		Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2013
Mailing Address 4720 SHERIDAN AVE.		Transaction ID : SA11.76371
City METAIRIE	State LA	Zip Code 70002-1352
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 ▼ 235.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. BETTY FARMER		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 Transaction ID : SA11.68934
Mailing Address 1121 SADDLEBROOK DR		Amount of Each Receipt this Period 200.00
City CHATTANOOGA	State TN	Zip Code 37405-1939
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. MS. BETTY FARMER		Date of Receipt MM / DD / YYYY 10 / 31 / 2013 Transaction ID : SA11.71347
Mailing Address 1121 SADDLEBROOK DR		Amount of Each Receipt this Period 200.00
City CHATTANOOGA	State TN	Zip Code 37405-1939
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. MS. HELENA S. FISCHER		Date of Receipt MM / DD / YYYY 11 / 08 / 2013 Transaction ID : SA11.72027
Mailing Address 18 FAR HILLS DR		Amount of Each Receipt this Period 25.00
City CINCINNATI	State OH	Zip Code 45208-3401
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 ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. ROBERT D. FISHER		Date of Receipt MM / DD / YYYY 09 / 11 / 2013 Transaction ID : SA11.69460
Mailing Address 727 S FLORIDA AVE		Amount of Each Receipt this Period 200.00
City DELAND	State FL	Zip Code 32720-6825
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 ▼ 1400.00	

Full Name (Last, First, Middle Initial) B. MR. ROBERT D. FISHER		Date of Receipt MM / DD / YYYY 10 / 16 / 2013 Transaction ID : SA11.71348
Mailing Address 727 S FLORIDA AVE		Amount of Each Receipt this Period 200.00
City DELAND	State FL	Zip Code 32720-6825
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 ▼ 1400.00	

Full Name (Last, First, Middle Initial) C. MR. ROBERT D. FISHER		Date of Receipt MM / DD / YYYY 12 / 16 / 2013 Transaction ID : SA11.75439
Mailing Address 727 S FLORIDA AVE		Amount of Each Receipt this Period 100.00
City DELAND	State FL	Zip Code 32720-6825
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 ▼ 1400.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. GARY GATES		Date of Receipt MM / DD / YYYY 09 / 16 / 2013
Mailing Address P.O. BOX 457		Transaction ID : SA11.58782
City AT. HELENA	State CA	Zip Code 94574-0457
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 ▼ 600.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. GARY GATES		Date of Receipt MM / DD / YYYY 10 / 16 / 2013
Mailing Address P.O. BOX 457		Transaction ID : SA11.63233
City AT. HELENA	State CA	Zip Code 94574-0457
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 ▼ 600.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. GARY GATES		Date of Receipt MM / DD / YYYY 11 / 16 / 2013
Mailing Address P.O. BOX 457		Transaction ID : SA11.65583
City AT. HELENA	State CA	Zip Code 94574-0457
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 ▼ 600.00	NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. DEBRA J. GEORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 COUNTY ROAD 662

City CEDAR BLUFF	State AL	Zip Code 35959-4314
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2013
Transaction ID : SA11.72695

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. WILLIAM D. GEORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4957 COBBLER RD

City SCHNECKSVILLE	State PA	Zip Code 18078-2826
-----------------------	-------------	------------------------

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

Name of Employer TELECOMMUNICATIONS	Occupation IRONTON TELEPHONE CO.
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11.72750

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. WILLIAM D. GEORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4957 COBBLER RD

City SCHNECKSVILLE	State PA	Zip Code 18078-2826
-----------------------	-------------	------------------------

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

Name of Employer TELECOMMUNICATIONS	Occupation IRONTON TELEPHONE CO.
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2013
Transaction ID : SA11.76046

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Mailing Address 17747 SE BLUESTEM ROAD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

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

Transaction ID : SA11.69785

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 17747 SE BLUESTEM ROAD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

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

Transaction ID : SA11.71096

Amount of Each Receipt this Period
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 13240 N TATUM BLVD.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

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

Transaction ID : SA11.70033

Amount of Each Receipt this Period
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. PEGGY HAMRICK		Date of Receipt
Mailing Address 3324 W 19TH AVE TRLR 101		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNEWICK	WA	99338-2292
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.70123
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. MS. AILEEN A. HARLINE		Date of Receipt
Mailing Address 412 LONE OAK DR.		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAINT LOUIS	MO	63119-1322
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.69789
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	NON CONTRIBUTION ACCOUNT

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. NANCY W. HASELHORST
 Full Name (Last, First, Middle Initial)
 Mailing Address 6205 MINERAL POINT RD
 APT 810
 City MADISON State WI Zip Code 53705-4581
 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 ▼ 220.00

Date of Receipt 09 / 09 / 2013
Transaction ID : SA11.68942
 Amount of Each Receipt this Period 35.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. SHIRLEY H. HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 787
 City BEAVERCREEK State OR Zip Code 97004-0787
 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 ▼ 550.00

Date of Receipt 09 / 11 / 2013
Transaction ID : SA11.68732
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. LUMAN W. HOLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1528
 City JACKSONVILLE State TX Zip Code 75766-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation LOGGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2013
Transaction ID : SA11.71173
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 47 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. STANLEY HOWLE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2931

City LUBBOCK State TX Zip Code 79408-2931

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

Name of Employer H&H TRAILER SALES Occupation TRAILER SALESMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2013
Transaction ID : SA11.69794

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. STANLEY HOWLE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2931

City LUBBOCK State TX Zip Code 79408-2931

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

Name of Employer H&H TRAILER SALES Occupation TRAILER SALESMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2013
Transaction ID : SA11.71339

Amount of Each Receipt this Period 150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. JOYCE IANCOVICI
Full Name (Last, First, Middle Initial)

Mailing Address 5235 E WAGONER RD

City SCOTTSDALE State AZ Zip Code 85254-7635

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

Name of Employer SWISS TOUCH Occupation OWNER/MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2013
Transaction ID : SA11.72752

Amount of Each Receipt this Period 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. RICHARD D. JACOBS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2013 Transaction ID : SA11.76092
Mailing Address 4009 OREGON ST		Amount of Each Receipt this Period 25.00
City BAKERSFIELD	State CA	Zip Code 93306-4583
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation ENGINEER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.00	

Full Name (Last, First, Middle Initial) B. MR. EDWARD J. JOHNSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2013 Transaction ID : SA11.70125
Mailing Address 5160 N SABINO FOOTHILLS DR.		Amount of Each Receipt this Period 40.00
City TUCSON	State AZ	Zip Code 85750-9619
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation REAL ESTATE BROKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) C. MR. EDWARD J. JOHNSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2013 Transaction ID : SA11.72727
Mailing Address 5160 N SABINO FOOTHILLS DR.		Amount of Each Receipt this Period 75.00
City TUCSON	State AZ	Zip Code 85750-9619
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation REAL ESTATE BROKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. EDWARD J. JOHNSON		Date of Receipt MM / DD / YYYY 11 / 20 / 2013 Transaction ID : SA11.72753
Mailing Address 5160 N SABINO FOOTHILLS DR.		Amount of Each Receipt this Period 100.00
City TUCSON	State AZ	Zip Code 85750-9619
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation REAL ESTATE BROKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) B. MR. JOHN JONES		Date of Receipt MM / DD / YYYY 09 / 11 / 2013 Transaction ID : SA11.69485
Mailing Address 606 SE 35TH TER		Amount of Each Receipt this Period 100.00
City CAPE CORAL	State FL	Zip Code 33904-4941
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MR. JOHN JONES		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 Transaction ID : SA11.72803
Mailing Address 606 SE 35TH TER		Amount of Each Receipt this Period 200.00
City CAPE CORAL	State FL	Zip Code 33904-4941
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 ▼ 500.00	

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. PATRICIA I. JONES
Full Name (Last, First, Middle Initial)

Mailing Address 108 CONDOR COURT

City WOODSTOCK State GA Zip Code 30188-5575

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID : SA11.71287

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. GAYLE KASTE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 8

City NORTHPORT State WA Zip Code 99157-0008

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID : SA11.69200

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. GAYLE KASTE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 8

City NORTHPORT State WA Zip Code 99157-0008

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : SA11.71106

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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. SANDRA KEETH
Full Name (Last, First, Middle Initial)

Mailing Address 3300 EDENVALE ROAD

City State Zip Code
FAIRFAX VA 22031-2714

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

Name of Employer Occupation
AJ RIZKALLA RDH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2013
Transaction ID : SA11.70514

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. SANDRA KEETH
Full Name (Last, First, Middle Initial)

Mailing Address 3300 EDENVALE ROAD

City State Zip Code
FAIRFAX VA 22031-2714

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

Name of Employer Occupation
AJ RIZKALLA RDH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11.75736

Amount of Each Receipt this Period
25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. LOUISE F. KELLY
Full Name (Last, First, Middle Initial)

Mailing Address 11869 CENTER RD

City State Zip Code
TRAVERSE CITY MI 49686-8887

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 ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2013
Transaction ID : SA11.72716

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MRS. MARGARET L. LOPES
Full Name (Last, First, Middle Initial)

Mailing Address 1721 N LAUREL AVE

City UPLAND State CA Zip Code 91784-2798

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **12 / 13 / 2013**

Transaction ID : SA11.75856

Amount of Each Receipt this Period: **200.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. THELMA J. MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 8014 N CIRCLE DR

City HOUSTON State TX Zip Code 77071-3603

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **12 / 04 / 2013**

Transaction ID : SA11.76033

Amount of Each Receipt this Period: **50.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. THELMA J. MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 8014 N CIRCLE DR

City HOUSTON State TX Zip Code 77071-3603

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **12 / 26 / 2013**

Transaction ID : SA11.76044

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... **350.00**

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MRS. MARIE D. MASTERS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2013 Transaction ID : SA11.69312
Mailing Address P.O. BOX 302		Amount of Each Receipt this Period 50.00
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 ▼ 525.00	

Full Name (Last, First, Middle Initial) B. MRS. MARIE D. MASTERS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2013 Transaction ID : SA11.70530
Mailing Address P.O. BOX 302		Amount of Each Receipt this Period 50.00
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 ▼ 525.00	

Full Name (Last, First, Middle Initial) C. MRS. MARIE D. MASTERS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2013 Transaction ID : SA11.72316
Mailing Address P.O. BOX 302		Amount of Each Receipt this Period 50.00
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 ▼ 525.00	

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. JANET ROBINSON MAYS		Date of Receipt MM / DD / YYYY 11 / 22 / 2013 Transaction ID : SA11.72098
Mailing Address 1092 SIDDONSBURG RD		Amount of Each Receipt this Period 25.00
City MECHANICSBURG	State PA	Zip Code 17055-6060
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 ▼ 210.00	

Full Name (Last, First, Middle Initial) B. MS. JANET ROBINSON MAYS		Date of Receipt MM / DD / YYYY 12 / 26 / 2013 Transaction ID : SA11.75436
Mailing Address 1092 SIDDONSBURG RD		Amount of Each Receipt this Period 50.00
City MECHANICSBURG	State PA	Zip Code 17055-6060
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 ▼ 210.00	

Full Name (Last, First, Middle Initial) C. MR. GEORGE P. MCANDREWS		Date of Receipt MM / DD / YYYY 10 / 25 / 2013 Transaction ID : SA11.64074
Mailing Address 1490 LAKE SHORE DRIVE S.		Amount of Each Receipt this Period 500.00
City BARRINGTON	State IL	Zip Code 60010-3532
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer MCANDREW, HELD & MOLLEY	Occupation ATTORNEY	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. TRUDY MCCORY		Date of Receipt
Mailing Address 426 PARKWOOD DR		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
PRATTVILLE	AL	36067-4025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.70130
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="250.00"/>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. TRUDY MCCORY		Date of Receipt
Mailing Address 426 PARKWOOD DR		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
PRATTVILLE	AL	36067-4025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.71340
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. RONALD MCELVEEN		Date of Receipt
Mailing Address 725 WEIR		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
KARNES CITY	TX	78118-3025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.75855
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL 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 61 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Mailing Address 2150 JEFFERSON LANE

City HUNTINGDON VALLEY State PA Zip Code 19006-6040

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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2013
Transaction ID : SA11.64412

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. MARLENE MCLEOD
Full Name (Last, First, Middle Initial)

Mailing Address 4540 SE 48TH PLACE RD

City OCALA State FL Zip Code 34480-4909

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : SA11.72758

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. MARLENE MCLEOD
Full Name (Last, First, Middle Initial)

Mailing Address 4540 SE 48TH PLACE RD

City OCALA State FL Zip Code 34480-4909

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : SA11.76153

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MRS. MARGARET F. MILLER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2013 Transaction ID : SA11.75543
Mailing Address 13553 KENSINGTON PL		Amount of Each Receipt this Period 40.00
City CARMEL	State IN	Zip Code 46032-5360
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 ▼ 295.00	

Full Name (Last, First, Middle Initial) B. MS. ANN R. MINTON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2013 Transaction ID : SA11.75858
Mailing Address 23 PARK ST		Amount of Each Receipt this Period 200.00
City ROSELAND	State NJ	Zip Code 07068-1229
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MR. CHARLES D. MISSAR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2013 Transaction ID : SA11.72728
Mailing Address 5420 CONNECTICUT AVE. NW CHEVY CHASE HOUSE RM. 420		Amount of Each Receipt this Period 75.00
City WASHINGTON	State DC	Zip Code 20015-2832
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. MARIA M. MONTEZ		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2013 Transaction ID : SA11.72763
Mailing Address 3450 E PRESIDIO RD		Amount of Each Receipt this Period 100.00
City TUCSON State AZ Zip Code 85716-1622	CONTRIBUTION	
FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT	
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF	
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. MS. BRENDA L. MONTGOMERY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2013 Transaction ID : SA11.69832
Mailing Address 3823 N MOLTER RD.		Amount of Each Receipt this Period 50.00
City OTIS ORCHARDS State WA Zip Code 99027-8304	CONTRIBUTION	
FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT	
Name of Employer WHISPERING FALLS	Occupation RETIRED	
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) C. MS. BRENDA L. MONTGOMERY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2013 Transaction ID : SA11.76063
Mailing Address 3823 N MOLTER RD.		Amount of Each Receipt this Period 50.00
City OTIS ORCHARDS State WA Zip Code 99027-8304	CONTRIBUTION	
FEC ID number of contributing federal political committee. C	NON CONTRIBUTION ACCOUNT	
Name of Employer WHISPERING FALLS	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. MICHAEL J. MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 CROWN PASSAGE DR.
 City SAINT CHARLES State MO Zip Code 63303-6293
 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 ▼ 450.00

Date of Receipt 10 / 03 / 2013
Transaction ID : SA11.71639
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. MICHAEL J. MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 CROWN PASSAGE DR.
 City SAINT CHARLES State MO Zip Code 63303-6293
 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 ▼ 450.00

Date of Receipt 11 / 25 / 2013
Transaction ID : SA11.72793
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

Date of Receipt 10 / 02 / 2013
Transaction ID : SA11.71341
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. MALCOM L. MURPHY		Date of Receipt MM / DD / YYYY 10 / 30 / 2013 Transaction ID : SA11.71060
Mailing Address 583 SPORTSMANS RD		Amount of Each Receipt this Period 235.00
City ULSTER	State PA	Zip Code 18850-8374
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 ▼ 235.00	

Full Name (Last, First, Middle Initial) B. MS. IRENE M. NAVRATIL		Date of Receipt MM / DD / YYYY 09 / 16 / 2013 Transaction ID : SA11.68906
Mailing Address 10720 S WASHINGTON ST APT 105		Amount of Each Receipt this Period 75.00
City OAK LAWN	State IL	Zip Code 60453-6324
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 ▼ 775.00	

Full Name (Last, First, Middle Initial) C. MS. IRENE M. NAVRATIL		Date of Receipt MM / DD / YYYY 10 / 07 / 2013 Transaction ID : SA11.71219
Mailing Address 10720 S WASHINGTON ST APT 105		Amount of Each Receipt this Period 100.00
City OAK LAWN	State IL	Zip Code 60453-6324
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 ▼ 775.00	

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. IRENE M. NAVRATIL		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : SA11.71350
Mailing Address 10720 S WASHINGTON ST APT 105		Amount of Each Receipt this Period 200.00
City OAK LAWN	State IL	Zip Code 60453-6324
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 ▼ 775.00	

Full Name (Last, First, Middle Initial) B. MS. IRENE M. NAVRATIL		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2013 Transaction ID : SA11.72804
Mailing Address 10720 S WASHINGTON ST APT 105		Amount of Each Receipt this Period 200.00
City OAK LAWN	State IL	Zip Code 60453-6324
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 ▼ 775.00	

Full Name (Last, First, Middle Initial) C. MS. BETTY J. NELSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2013 Transaction ID : SA11.71061
Mailing Address 2475 RIVER RD APT 129		Amount of Each Receipt this Period 35.00
City DECORAH	State IA	Zip Code 52101-7678
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 ▼ 215.00	

SUBTOTAL of Receipts This Page (optional).....▶	435.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. BETTY J. NELSON		Date of Receipt MM / DD / YYYY 11 / 27 / 2013 Transaction ID : SA11.72213
Mailing Address 2475 RIVER RD APT 129		Amount of Each Receipt this Period 35.00
City DECORAH State IA Zip Code 52101-7678	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date 215.00	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MS. BETTY J. NELSON		Date of Receipt MM / DD / YYYY 12 / 30 / 2013 Transaction ID : SA11.75489
Mailing Address 2475 RIVER RD APT 129		Amount of Each Receipt this Period 35.00
City DECORAH State IA Zip Code 52101-7678	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date 215.00	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MS. ROSEMARY ORTH		Date of Receipt MM / DD / YYYY 10 / 04 / 2013 Transaction ID : SA11.71651
Mailing Address 1900 MICHEL AVE		Amount of Each Receipt this Period 50.00
City MODESTO State CA Zip Code 95358-2220	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer HOMEMAKER Occupation HOMEMAKER	Aggregate Year-to-Date 250.00	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. DALE OYHUS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2013 Transaction ID : SA11.70973
Mailing Address 13973 FRANKS CREEK RD		Amount of Each Receipt this Period 75.00
City MEDORA	State ND	Zip Code 58645-9700
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation OWNER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. MR. DALE OYHUS		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2013 Transaction ID : SA11.75853
Mailing Address 13973 FRANKS CREEK RD		Amount of Each Receipt this Period 160.00
City MEDORA	State ND	Zip Code 58645-9700
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation OWNER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. DIANNE PASCHEN		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 Transaction ID : SA11.69085
Mailing Address 1100 SE RANCH RD		Amount of Each Receipt this Period 100.00
City JUPITER	State FL	Zip Code 33478-2118
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Mailing Address 1100 SE RANCH RD

City JUPITER State FL Zip Code 33478-2118

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2013
Transaction ID : SA11.69086

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MRS. LELA M. PIVONKA
Full Name (Last, First, Middle Initial)

Mailing Address 2503 COUNTY ROAD 100

City CALDWELL State TX Zip Code 77836-1788

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2013
Transaction ID : SA11.72330

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MRS. LELA M. PIVONKA
Full Name (Last, First, Middle Initial)

Mailing Address 2503 COUNTY ROAD 100

City CALDWELL State TX Zip Code 77836-1788

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2013
Transaction ID : SA11.75633

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

Full Name (Last, First, Middle Initial) C. MS. MARGARET M. RUSKIN		Date of Receipt
Mailing Address 333 E CARIBBEAN LN		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
PHOENIX	AZ	85022-3637
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.69541
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="575.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

City JUPITER	State FL	Zip Code 33458-3448
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

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

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

City JUPITER	State FL	Zip Code 33458-3448
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

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

Amount of Each Receipt this Period
 150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

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

Aggregate Year-to-Date ▼
800.00

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

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. ALEXANDER SALAMON		Date of Receipt MM / DD / YYYY 12 / 09 / 2013
Mailing Address 80 DORCHESTER SQ. N		Transaction ID : SA11.76237
City WESTERVILLE	State OH	Zip Code 43081-7314
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer SELF EMPLOYED	Occupation CPA	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. RUSSELL L. SANDS		Date of Receipt MM / DD / YYYY 09 / 27 / 2013
Mailing Address 3512 IRISH CREEK RD		Transaction ID : SA11.69835
City SCHERTZ	State TX	Zip Code 78154-3507
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer SANDS FINANCIAL	Occupation FINANCIAL ADVISOR	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) C. MR. RUSSELL L. SANDS		Date of Receipt MM / DD / YYYY 10 / 28 / 2013
Mailing Address 3512 IRISH CREEK RD		Transaction ID : SA11.71678
City SCHERTZ	State TX	Zip Code 78154-3507
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer SANDS FINANCIAL	Occupation FINANCIAL ADVISOR	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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. MARY L. SHEEHAN		Date of Receipt MM / DD / YYYY 09 / 10 / 2013 Transaction ID : SA11.69315
Mailing Address 14665 PRESTON RD NO 200		Amount of Each Receipt this Period 35.00
City DALLAS	State TX	Zip Code 75254-7880
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. MS. MARY L. SHEEHAN		Date of Receipt MM / DD / YYYY 10 / 30 / 2013 Transaction ID : SA11.70976
Mailing Address 14665 PRESTON RD NO 200		Amount of Each Receipt this Period 75.00
City DALLAS	State TX	Zip Code 75254-7880
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. MR. ROBERT H. SHEIDLER		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 Transaction ID : SA11.69550
Mailing Address 242 NOB HILL DR		Amount of Each Receipt this Period 25.00
City EPHRATA	State WA	Zip Code 98823-1756
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED PHYSICAL THERAPIST	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. ROBERT H. SHEIDLER		Date of Receipt MM / DD / YYYY 09 / 09 / 2013
Mailing Address 242 NOB HILL DR		Transaction ID : SA11.70138
City EHRATA	State WA	Zip Code 98823-1756
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED PHYSICAL THERAPIST	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. MR. ROBERT H. SHEIDLER		Date of Receipt MM / DD / YYYY 10 / 04 / 2013
Mailing Address 242 NOB HILL DR		Transaction ID : SA11.71685
City EHRATA	State WA	Zip Code 98823-1756
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED PHYSICAL THERAPIST	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) C. MR. ROBERT H. SHEIDLER		Date of Receipt MM / DD / YYYY 11 / 04 / 2013
Mailing Address 242 NOB HILL DR		Transaction ID : SA11.72410
City EHRATA	State WA	Zip Code 98823-1756
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED PHYSICAL THERAPIST	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

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. ROBERT H. SHEIDLER		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 Transaction ID : SA11.72776
Mailing Address 242 NOB HILL DR		Amount of Each Receipt this Period 100.00
City EHRATA	State WA	Zip Code 98823-1756
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED PHYSICAL THERAPIST	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. MS. BARBARA J. SMITH		Date of Receipt MM / DD / YYYY 10 / 09 / 2013 Transaction ID : SA11.71353
Mailing Address 3222 E HAMPSHIRE AVE		Amount of Each Receipt this Period 200.00
City MILWAUKEE	State WI	Zip Code 53211-3118
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MS. BOBBIE SMITH		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 Transaction ID : SA11.69557
Mailing Address 11871 INDIAN CREEK RD		Amount of Each Receipt this Period 200.00
City DUNCANVILLE	State AL	Zip Code 35456-2719
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 160
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL 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: PAGE 89 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. JACK STANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 PINE ST
 City LIBERTY State TX Zip Code 77575-3212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11.72807
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. JEFFREY STEINKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 98
 City ROCHESTER State VT Zip Code 05767-0098
 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 ▼
 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2013
Transaction ID : SA11.71231
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. JAMES F. STEPHENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6634 N 150 W
 City DENVER State IN Zip Code 46926-9174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013
Transaction ID : SA11.70795
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. JAMES F. STEPHENSON
Full Name (Last, First, Middle Initial)

Mailing Address 6634 N 150 W

City DENVER State IN Zip Code 46926-9174

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11.70796

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 88 ABERDEEN PL

City CLAYTON State MO Zip Code 63105-2273

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

Name of Employer JOHN J. STEUBY CO. Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11.76242

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. LEIGH A. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 3215 E CHANDLER AVE

City EVANSVILLE State IN Zip Code 47714-0416

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013

Transaction ID : SA11.69559

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. SHIRLEY A. STONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9801 FM 2492
 City BROWNWOOD State TX Zip Code 76801-9152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **11 / 25 / 2013**
Transaction ID : SA11.72417
 Amount of Each Receipt this Period: **50.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. ADA A. STRASENBURGH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 608
 City OCEAN VIEW State NJ Zip Code 08230-0608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **RETIRED** Occupation: **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 06 / 2013**
Transaction ID : SA11.68651
 Amount of Each Receipt this Period: **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

Date of Receipt: **09 / 06 / 2013**
Transaction ID : SA11.69563
 Amount of Each Receipt this Period: **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. THOMAS STRICKLAND		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013
Mailing Address 11701 ROSSMOOR LANE		Transaction ID : SA11.71232
City SAINT LOUIS	State MO	Zip Code 63128-1435
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF EMPLOYED	Occupation INSURANCE AGENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. KENNETH J. STUDEMAN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013
Mailing Address 65523 N CENTERVILLE RD		Transaction ID : SA11.71343
City STURGIS	State MI	Zip Code 49091-9148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. KENNETH J. STUDEMAN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013
Mailing Address 65523 N CENTERVILLE RD		Transaction ID : SA11.75441
City STURGIS	State MI	Zip Code 49091-9148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. ANN E. SUMMERS
Full Name (Last, First, Middle Initial)
Mailing Address 851 DIAMOND ST

City LAGUNA BEACH	State CA	Zip Code 92651-3409
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2013

Transaction ID : SA11.69810

Amount of Each Receipt this Period
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. ANN E. SUMMERS
Full Name (Last, First, Middle Initial)
Mailing Address 851 DIAMOND ST

City LAGUNA BEACH	State CA	Zip Code 92651-3409
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11.71233

Amount of Each Receipt this Period
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. DIANE J. THIER
Full Name (Last, First, Middle Initial)
Mailing Address 610 8TH AVENUE CT SW

City DYERSVILLE	State IA	Zip Code 52040-1855
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11.75635

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 160
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. BETTY S. TRAVIS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2013 Transaction ID : SA11.70730
Mailing Address 4844 N COUNTY ROAD 450 E		Amount of Each Receipt this Period 25.00
City LOGANSPORT	State IN	Zip Code 46947-7425
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. MS. BETTY S. TRAVIS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11.76415
Mailing Address 4844 N COUNTY ROAD 450 E		Amount of Each Receipt this Period 25.00
City LOGANSPORT	State IN	Zip Code 46947-7425
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MS. BETTY S. TRAVIS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11.76416
Mailing Address 4844 N COUNTY ROAD 450 E		Amount of Each Receipt this Period 25.00
City LOGANSPORT	State IN	Zip Code 46947-7425
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. DONALD VANDENBERG		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2013
Mailing Address 40973 177TH ST E		Transaction ID : SA11.75486
City LANCASTER	State CA	Zip Code 93535-7509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer SELF EMPLOYED	Occupation ELECTRONICS TECHNICIAN	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. MR. TIM VON DOHLEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2013
Mailing Address 600 CONGRESS AVE STE 300 STE 300		Transaction ID : SA11.70804
City AUSTIN	State TX	Zip Code 78701-2957
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. TIM VON DOHLEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2013
Mailing Address 600 CONGRESS AVE STE 300 STE 300		Transaction ID : SA11.71354
City AUSTIN	State TX	Zip Code 78701-2957
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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 ▼ 350.00	NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. BRYON WALKER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013
Mailing Address P.O. BOX 1682		Transaction ID : SA11.72424
City NEDERLAND	State TX	Zip Code 77627-1682
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MRS. SANDY WATERFIELD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013
Mailing Address P.O. BOX 447		Transaction ID : SA11.72808
City CANADIAN	State TX	Zip Code 79014-0447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation RANCHER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. BARBARA WELLS		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2013
Mailing Address 898 PEPPER TREE CT		Transaction ID : SA11.69852
City SANTA CLARA	State CA	Zip Code 95051-5214
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 ▼ 350.00	NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MRS. SHIRLEY WIDLACKI
Full Name (Last, First, Middle Initial)

Mailing Address 301 WENDWOOD DR

City NEWPORT NEWS State VA Zip Code 23602-7530

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

Name of Employer SELF EMPLOYED Occupation CO-OWNER OF PAINTING COMPANY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **12 / 13 / 2013**

Transaction ID : SA11.75521

Amount of Each Receipt this Period **35.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. TIMOTHY D. WORD
Full Name (Last, First, Middle Initial)

Mailing Address 401 TORCIDO DRIVE

City SAN ANTONIO State TX Zip Code 78209-5647

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 ▼ **400.00**

Date of Receipt **09 / 05 / 2013**

Transaction ID : SA11.69274

Amount of Each Receipt this Period **200.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. TIMOTHY D. WORD
Full Name (Last, First, Middle Initial)

Mailing Address 401 TORCIDO DRIVE

City SAN ANTONIO State TX Zip Code 78209-5647

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 ▼ **400.00**

Date of Receipt **11 / 06 / 2013**

Transaction ID : SA11.72788

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. TIMOTHY D. WORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 TORCIDO DRIVE
 City SAN ANTONIO State TX Zip Code 78209-5647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 11 / 29 / 2013
Transaction ID : SA11.72789
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 FOXTAIL LANE
 City SPRING CITY State PA Zip Code 19475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 40000.00

Date of Receipt
 09 / 20 / 2013
Transaction ID : SA17t.0001
 Amount of Each Receipt this Period
 2500.00
 PAC LIST EXPENSE
 NON CONTRIBUTION ACCOUNT

C. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 FOXTAIL LANE
 City SPRING CITY State PA Zip Code 19475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 40000.00

Date of Receipt
 10 / 30 / 2013
Transaction ID : SA17t.0002
 Amount of Each Receipt this Period
 2500.00
 PAC LIST EXPENSE
 NON CONTRIBUTION ACCOUNT

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT		Date of Receipt
Mailing Address 315 FOXTAIL LANE		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
SPRING CITY	PA	19475
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17t.0003
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC LIST EXPENSE
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="40000.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT		Date of Receipt
Mailing Address 315 FOXTAIL LANE		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
SPRING CITY	PA	19475
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17t.0004
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC LIST EXPENSE
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="40000.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT		Date of Receipt
Mailing Address 315 FOXTAIL LANE		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
SPRING CITY	PA	19475
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17t.0005
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC LIST EXPENSE
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="40000.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="57405.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. ACTIVE ENGAGEMENT, LLC

Mailing Address 44084 RIVERSIDE PARKWAY, SUITE 350

City LANSDOWN State VA Zip Code 20176

Purpose of Disbursement
PAC EMAIL COMMUNICATION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District: 00

Date of Disbursement: MM / DD / YYYY
09 / 20 / 2013

Transaction ID : **SB21B.I447**

Amount of Each Disbursement this Period
2000.00

Full Name (Last, First, Middle Initial)
B. ACTIVE ENGAGEMENT, LLC

Mailing Address 44084 RIVERSIDE PARKWAY, SUITE 350

City LANSDOWN State VA Zip Code 20176

Purpose of Disbursement
PAC EMAIL COMMUNICATION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District: 00

Date of Disbursement: MM / DD / YYYY
11 / 15 / 2013

Transaction ID : **SB21B.I599**

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. BRABENDER COX LLC

Mailing Address 1218 GRANDVIEW AVENUE

City PITTSBURGH State PA Zip Code 15211

Purpose of Disbursement
MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District: 00

Date of Disbursement: MM / DD / YYYY
12 / 18 / 2013

Transaction ID : **SB21B.I456**

Amount of Each Disbursement this Period
250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : SB21B.I437

Amount of Each Disbursement this Period

19.80

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2013

Transaction ID : SB21B.I442

Amount of Each Disbursement this Period

39.90

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 27 / 2013

Transaction ID : SB21B.I445

Amount of Each Disbursement this Period

10.00

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

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

69.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.I446

Amount of Each Disbursement this Period

159.90

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MGMT

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.I523

Amount of Each Disbursement this Period

37.50

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
EMAIL COMM /PAC EMAIL COMM & DATABASE MGMT

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.I527

Amount of Each Disbursement this Period

2263.42

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

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

2460.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

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

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.I530

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

192.47

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

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

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

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.I573

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

470.32

Purpose of Disbursement
PAC DATABASE SERVICES & CAGING

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

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

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.I576

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

783.24

Purpose of Disbursement
PAC DATABASE SERVICES & CAGING

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

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

1446.03

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE SERVICES & CAGING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB21B.I578**

Amount of Each Disbursement this Period

789.88

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

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

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB21B.I594**

Amount of Each Disbursement this Period

1319.88

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB21B.I511**

Amount of Each Disbursement this Period

100.30

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

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

2210.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2013

Transaction ID : SB21B.I513

Amount of Each Disbursement this Period

59.17

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2013

Transaction ID : SB21B.I548

Amount of Each Disbursement this Period

67.00

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2013

Transaction ID : SB21B.I556

Amount of Each Disbursement this Period

124.06

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

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

250.23

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2013

Transaction ID : SB21B.I589

Amount of Each Disbursement this Period

146.36

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2013

Transaction ID : SB21B.I637

Amount of Each Disbursement this Period

62.93

Full Name (Last, First, Middle Initial)

C. FOLEY LARDNER LLP

Mailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
PAC LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

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

Transaction ID : SB21B.I597

Amount of Each Disbursement this Period

720.00

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

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

929.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECT

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : SB21B.I508

Amount of Each Disbursement this Period

1666.40

Full Name (Last, First, Middle Initial)

B. HSP DIRECT

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I572

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)

C. HSP DIRECT

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I574

Amount of Each Disbursement this Period

3484.19

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

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

14150.59

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECT

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I575

Amount of Each Disbursement this Period

1075.00

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2013

Transaction ID : SB21B.I545

Amount of Each Disbursement this Period

109.98

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2013

Transaction ID : SB21B.I553

Amount of Each Disbursement this Period

109.98

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

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

1294.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I563

Amount of Each Disbursement this Period

109.98

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I566

Amount of Each Disbursement this Period

109.98

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I522

Amount of Each Disbursement this Period

3159.00

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

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

3378.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 31 / 2013

Transaction ID : **SB21B.I525**

Amount of Each Disbursement this Period

39.38

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 15 / 2013

Transaction ID : **SB21B.I528**

Amount of Each Disbursement this Period

720.00

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
12 / 18 / 2013

Transaction ID : **SB21B.I531**

Amount of Each Disbursement this Period

1416.75

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

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

2176.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I567

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I568

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I569

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.I570

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PATRIOT VOICES PAC NON-CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City SPRING CIY State PA Zip Code 19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.I571

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SB21B.I547

Amount of Each Disbursement this Period

25.00

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

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

5025.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I555

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : SB21B.I565

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I532

Amount of Each Disbursement this Period

39.10

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

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

89.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City State Zip Code
SAN FRANCISCO CA 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I533

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City State Zip Code
SAN FRANCISCO CA 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I534

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City State Zip Code
SAN FRANCISCO CA 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I535

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I536**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I537**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I538**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I539

Amount of Each Disbursement this Period

37.60

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2013

Transaction ID : SB21B.I540

Amount of Each Disbursement this Period

7.02

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2013

Transaction ID : SB21B.I541

Amount of Each Disbursement this Period

11.23

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

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

55.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I542

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I543

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I544

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I546

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I549

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I550

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I551

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I552

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I554

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I558

Amount of Each Disbursement this Period

225.60

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I559

Amount of Each Disbursement this Period

141.96

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I560

Amount of Each Disbursement this Period

27.04

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

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

394.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I561

Amount of Each Disbursement this Period

13.29

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I562

Amount of Each Disbursement this Period

5.59

Full Name (Last, First, Middle Initial)

C. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE
SUITE 101A

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I506

Amount of Each Disbursement this Period

170.00

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

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

188.88

45128.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. QUINN HILLYER FOR CONGRESS

Mailing Address PO BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement
INKIND CONTRIBUTION-EMAIL COMMUNICATION

Candidate Name

Quinn Hillier

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special Primary

State: AL District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	1	3		

Transaction ID : SB23.500

Amount of Each Disbursement this Period

6	9	7	.	7	8
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. QUINN HILLYER FOR CONGRESS

Mailing Address PO BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement
INKIND CONTRIBUTION-EMAIL COMMUNICATION

Candidate Name

Quinn Hillier

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special Primary

State: AL District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	3		

Transaction ID : SB23.501

Amount of Each Disbursement this Period

6	9	.	4	7
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. QUINN HILLYER FOR CONGRESS

Mailing Address PO BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement
INKIND CONTRIB-MEDIA PROD & EMAIL COMM

Candidate Name

Quinn Hillier

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special Primary

State: AL District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	3		

Transaction ID : SB23.502

Amount of Each Disbursement this Period

5	0	6	.	7	2
---	---	---	---	---	---

[MEMO ITEM]

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. QUINN HILLYER FOR CONGRESS

Mailing Address PO BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement
INKIND CONTRIBUTION-EMAIL COMMUNICATION

Candidate Name
Quinn Hillyer

Office Sought: House
 Senate
 President
State: AL District: 01

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special Primary

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2013

Transaction ID : **SB23.503**

Amount of Each Disbursement this Period

6.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WALT ROGERS FOR IOWA

Mailing Address PO BOX 1142

City CEDAR FALLS State IA Zip Code 50613

Purpose of Disbursement
INKIND CONTRIBUTION-EMAIL COMMUNICATION

Candidate Name
Walt Rogers

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2013

Transaction ID : **SB23.504**

Amount of Each Disbursement this Period

72.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

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

0.00

0.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I671**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I675**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I677**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
NON-FED (VA) TRAVEL & FOOD REIMB:SEE MEMO

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I683**

Amount of Each Disbursement this Period

1254.69

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN PITTSBURGH

Mailing Address 10 LANDINGS DRIVE

City PITTSBURGH State PA Zip Code 15238

Purpose of Disbursement
MEMO -TRAVEL REIMBURSEMENT LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I685**

Amount of Each Disbursement this Period

271.32

[MEMO ITEM]
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
MEMO -TRAVEL REIMBURSEMENT MILAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I684**

Amount of Each Disbursement this Period

674.61

[MEMO ITEM]
NON CONTRIBUTION ACCOUNT

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

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

1254.69

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : **SB29.I686**

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I689**

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. ANGELA MOORE

Mailing Address 5734 W. CO RD 450 S

City KNIGHTSTOWN State IN Zip Code 46148

Purpose of Disbursement
NON FEDERAL (VA) TRAVEL REIMB:SEE MEMO

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I678**

Amount of Each Disbursement this Period

854.79

NON CONTRIBUTION ACCOUNT

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

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

5854.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ANGELA MOORE

Mailing Address 5734 W. CO RD 450 S

City State Zip Code
KNIGHTSTOWN IN 46148

Purpose of Disbursement
MEMO -TRAVEL REIMBURSEMENT MILAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Date of Disbursement

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

Transaction ID : **SB29.I679**

Amount of Each Disbursement this Period

709.20

[MEMO ITEM]
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City State Zip Code
PHOENIX AZ 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Date of Disbursement

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

Transaction ID : **SB29.I652**

Amount of Each Disbursement this Period

76.80

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City State Zip Code
PHOENIX AZ 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Date of Disbursement

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

Transaction ID : **SB29.I656**

Amount of Each Disbursement this Period

51.67

NON CONTRIBUTION ACCOUNT

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

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

128.47

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I660

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I664

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I698

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2013

Transaction ID : SB29.I700

Amount of Each Disbursement this Period

72.40

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SB29.I653

Amount of Each Disbursement this Period

1169.17

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I657

Amount of Each Disbursement this Period

1082.32

NON CONTRIBUTION ACCOUNT

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

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

2323.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2013

Transaction ID : **SB29.I661**

Amount of Each Disbursement this Period

573.32

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. CITADEL REPUBLICAN SOCIETY

Mailing Address 171 MOULTRIE STREET
MSC 2025

City CHARLESTON State SC Zip Code 29409

Purpose of Disbursement
NON-FEDERAL TRAVEL (VA)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

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

Transaction ID : **SB29.I701**

Amount of Each Disbursement this Period

9000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
NON-FEDERAL EMAIL COMMUNICATION (TX)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

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

Transaction ID : **SB29.I665**

Amount of Each Disbursement this Period

101.20

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

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

9674.52

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MGMT

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I670

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MGMT

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I672

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MGMT & CONTRIB PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I681

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MGMT& CONTRIB PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I687**

Amount of Each Disbursement this Period

237.06

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I691**

Amount of Each Disbursement this Period

61.07

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I694**

Amount of Each Disbursement this Period

384.72

NON CONTRIBUTION ACCOUNT

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

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

682.85

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

Use separate schedule(s)
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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: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : **SB29.I699**

Amount of Each Disbursement this Period

61.95

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2013

Transaction ID : **SB29.I651**

Amount of Each Disbursement this Period

386.81

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2013

Transaction ID : **SB29.I655**

Amount of Each Disbursement this Period

329.53

NON CONTRIBUTION ACCOUNT

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

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

778.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 19 / 2013

Transaction ID : **SB29.I659**

Amount of Each Disbursement this Period

325.93

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : **SB29.I663**

Amount of Each Disbursement this Period

273.20

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. FOLEY LARDNER LLP

Mailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
PAC LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I673**

Amount of Each Disbursement this Period

120.00

NON CONTRIBUTION ACCOUNT

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

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

719.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN DULLES AIRPORT

Mailing Address 45425 HOLIDAY DRIVE

City State Zip Code
STERLING VA 20166

Purpose of Disbursement
NON-FEDERAL LODGING (VA)

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I693**

Amount of Each Disbursement this Period

3000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN DULLES AIRPORT

Mailing Address 45425 HOLIDAY DRIVE

City State Zip Code
STERLING VA 20166

Purpose of Disbursement
NON-FEDERAL LODGING (VA)

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I696**

Amount of Each Disbursement this Period

1702.28

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN DULLES AIRPORT

Mailing Address 45425 HOLIDAY DRIVE

City State Zip Code
STERLING VA 20166

Purpose of Disbursement
NON-FEDERAL LODGING (VA)

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I697**

Amount of Each Disbursement this Period

178.14

NON CONTRIBUTION ACCOUNT

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

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

4880.42

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I645**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I646**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I647**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I648**

Amount of Each Disbursement this Period

26726.37

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2013

Transaction ID : **SB29.I649**

Amount of Each Disbursement this Period

10083.17

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. KEN PAXTON CAMPAIGN

Mailing Address P.O. BOX 3476

City MCKINNEY State TX Zip Code 75070

Purpose of Disbursement
NON FEDERAL (TX) INKIND CONTRIBUTION-MAILING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2013

Transaction ID : **SB29.I666**

Amount of Each Disbursement this Period

2548.22

[MEMO ITEM]

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

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

36809.54

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I674**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I682**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I688**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. TEXANS FOR GREG ABBOTT

Mailing Address P.O. BOX 308

City State Zip Code
AUSTIN TX 78767

Purpose of Disbursement
NON FEDERAL (TX) INKIND CONTRIB-EMAIL COMM

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Date of Disbursement

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

Transaction ID : **SB29.I667**

Amount of Each Disbursement this Period

5	0	.	5	6
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TOM CORBETT FOR GOVERNOR

Mailing Address P.O. BOX 1145

City State Zip Code
HARRISBURG PA 17108

Purpose of Disbursement
NON FEDERAL (PA) INKIND CONTRIB-EMAIL COMM

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	1	3

Transaction ID : **SB29.I668**

Amount of Each Disbursement this Period

7	1	.	9	7
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TOM CORBETT FOR GOVERNOR

Mailing Address P.O. BOX 1145

City State Zip Code
HARRISBURG PA 17108

Purpose of Disbursement
NON FEDERAL (PA) INKIND CONTRIB-EMAIL COMM

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	3

Transaction ID : **SB29.I669**

Amount of Each Disbursement this Period

6	4	.	7	.	5	8
---	---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. USA AEPAY

Mailing Address 4929 WILSHIRE BLVD
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I650

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. USA AEPAY

Mailing Address 4929 WILSHIRE BLVD
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I654

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. USA AEPAY

Mailing Address 4929 WILSHIRE BLVD
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I658

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. USA AEPAY

Mailing Address 4929 WILSHIRE BLVD
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2013

Transaction ID : SB29.I662

Amount of Each Disbursement this Period

20.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

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

20.00

202007.54

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 146 OF 160
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ACTIVE ENGAGEMENT	Nature of Debt (Purpose): EMAIL COMMUNICATION
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350	
City State Zip Code LANSDOWNW VA 20176	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.001	
Amount Incurred This Period 1000.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CMDI	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 2286.70	Transaction ID : SD10.002	
Amount Incurred This Period 4434.51	Payment This Period 2286.70	Outstanding Balance at Close of This Period 4434.51

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLON & COMPANY	Nature of Debt (Purpose): MAILING
Mailing Address 3405 EDLOE SUITE 205A	
City State Zip Code HOUSTON TX 77027	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.003	
Amount Incurred This Period 2548.22	Payment This Period 0.00	Outstanding Balance at Close of This Period 2548.22

1) SUBTOTALS This Period This Page (optional)..... ▶	7982.73
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) 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 147 OF 160
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FOLEY LARDNER LLP	Nature of Debt (Purpose): LEGAL SERVICES
Mailing Address 3000 K STREET, NW SUITE 600	
City State Zip Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 720.00	Transaction ID : SD10.004	
Amount Incurred This Period 0.00	Payment This Period 720.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.005	
Amount Incurred This Period 29012.20	Payment This Period 23179.08	Outstanding Balance at Close of This Period 5833.12

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.006	
Amount Incurred This Period 36049.28	Payment This Period 0.00	Outstanding Balance at Close of This Period 36049.28

1) SUBTOTALS This Period This Page (optional)..... ▶	41882.40
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) 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 148 OF 160
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KOCH & HOOS LLC	Nature of Debt (Purpose): ACCOUNTING & COMPLIANCE SERVICES
Mailing Address 901 N. WASHINGTON STREET SUITE 700	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="3159.00"/>	Transaction ID : SD10.007	
Amount Incurred This Period <input type="text" value="1275.75"/>	Payment This Period <input type="text" value="3159.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1275.75"/>

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) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1275.75"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="51140.88"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="51140.88"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Mark Begich Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.80

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.69
Transaction ID : SE24.p0040
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: AK
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Dick Durbin Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.80

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.69
Transaction ID : SE24.p0041
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: IL
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Nadine Maenza
[Electronically Filed]
Date 01 / 30 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Al Franken Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.80

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.69
Transaction ID : SE24.p0042
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: MN
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Mark Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.80

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.69
Transaction ID : SE24.p0043
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature Nadine Maenza [Electronically Filed] Date 01 / 30 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Jeff Reed Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.79

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0044
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: RI
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Jeanne Shaheen Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.79

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0045
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: NH
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature Nadine Maenza [Electronically Filed] Date 01 / 30 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
4115.79

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0046
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Mary Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
4115.78

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0047
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Nadine Maenza
[Electronically Filed]
Date 01 / 30 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/Type
000
Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0048
Date of Disbursement or Obligation
10 / 25 / 2013
Name of Federal Candidate
Jeff Merkley Support
Oppose
Office Sought:
House Senate
District:
State: OR
Calendar Year-To-Date
Per Election for Office Sought
4115.78
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/Type
000
Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0049
Date of Disbursement or Obligation
10 / 25 / 2013
Name of Federal Candidate
Mark Udall Support
Oppose
Office Sought:
House Senate
District:
State: CO
Calendar Year-To-Date
Per Election for Office Sought
4115.78
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza [Electronically Filed] Date: 01 / 30 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Tom Udall Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.78

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0050
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: NM
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Mark Warner Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.78

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0051
Date of Disbursement or Obligation
10 / 25 / 2013
Office Sought: House District:
Senate State: VA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Nadine Maenza
[Electronically Filed]
Date 01 / 30 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee HSP DIRECT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2013
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 2417.69
City: HERNDON State: VA Zip Code: 20171	Transaction ID : SE24.p0052 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2013
Purpose of Expenditure 10/25 DIRECT MAIL	Category/Type 000
Name of Federal Candidate Mark Begich	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 4115.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee HSP DIRECT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2013
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 2417.69
City: HERNDON State: VA Zip Code: 20171	Transaction ID : SE24.p0053 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2013
Purpose of Expenditure 10/25 DIRECT MAIL	Category/Type 000
Name of Federal Candidate Dick Durbin	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 4115.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4835.38
(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
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ C C00528307
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee HSP DIRECT	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2013
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 2417.69
City: HERNDON State: VA Zip Code: 20171	Transaction ID : SE24.p0054 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 22 / 2013
Purpose of Expenditure 10/25 DIRECT MAIL	Category/Type 000
Name of Federal Candidate Al Franken	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 4115.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee HSP DIRECT	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2013
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 2417.69
City: HERNDON State: VA Zip Code: 20171	Transaction ID : SE24.p0055 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 22 / 2013
Purpose of Expenditure 10/25 DIRECT MAIL	Category/Type 000
Name of Federal Candidate Mark Pryor	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 4115.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4835.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Nadine Maenza [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: HSP DIRECT
Mailing Address: 13755 SUNRISE DRIVE SUITE 450
City: HERNDON State: VA Zip Code: 20171
Purpose of Expenditure: 10/25 DIRECT MAIL
Category/Type: 000
Name of Federal Candidate: Jeff Reed
Office Sought: Senate State: RI
Disbursement For: General 2014
Amount: 1129.24
Transaction ID: SE24.p0056
Date of Disbursement: 11/22/2013

Full Name of Payee: HSP DIRECT
Mailing Address: 13755 SUNRISE DRIVE SUITE 450
City: HERNDON State: VA Zip Code: 20171
Purpose of Expenditure: 10/25 DIRECT MAIL
Category/Type: 000
Name of Federal Candidate: Jeff Reed
Office Sought: Senate State: RI
Disbursement For: General 2014
Amount: 1288.44
Transaction ID: SE24.p0057
Date of Disbursement: 12/16/2013

(a) SUBTOTAL of Itemized Independent Expenditures: 2417.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature: Nadine Maenza [Electronically Filed] Date: 01/30/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
10/25 DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Jeanne Shaheen Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.79

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0058
Date of Disbursement or Obligation
12 / 16 / 2013
Office Sought: House District:
President Senate State: NH
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
10/25 DIRECT MAIL Category/
Type 000
Name of Federal Candidate
Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 4115.79

Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0059
Date of Disbursement or Obligation
12 / 16 / 2013
Office Sought: House District:
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4835.36
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Nadine Maenza [Electronically Filed] Date 01 / 30 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
10/25 DIRECT MAIL
Category/Type
000
Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0060
Date of Disbursement or Obligation
12 / 16 / 2013
Name of Federal Candidate
Mary Landrieu
Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
4115.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
10/25 DIRECT MAIL
Category/Type
000
Date of Public Distribution/Dissemination
10 / 25 / 2013
Amount
2417.68
Transaction ID : SE24.p0061
Date of Disbursement or Obligation
12 / 16 / 2013
Name of Federal Candidate
Jeff Merkley
Support Oppose
Office Sought: House Senate State: OR
Calendar Year-To-Date
Per Election for Office Sought
4115.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 4835.36
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature Nadine Maenza [Electronically Filed] Date 01 / 30 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ C C00528307
Check if <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 HSP DIRECT	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2013
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 1419.92
City: HERNDON State: VA Zip Code: 20171	Transaction ID : SE24.p0062
Purpose of Expenditure 10/25 DIRECT MAIL	Date of Disbursement or Obligation MM / DD / YYYY 12 / 16 / 2013
Name of Federal Candidate Mark Udall	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 4115.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount
City: _____ State: _____ Zip Code: _____	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1419.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	23179.08

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Nadine Maenza

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 30 / 2014