

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
Our Voice PAC

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Robert Fee

Signature of Treasurer Robert Fee [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Our Voice PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="25527.37"/>	<input type="text" value="25527.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10419.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30022.17"/>	<input type="text" value="69296.30"/>
(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="40441.32"/>	<input type="text" value="94823.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35742.75"/>	<input type="text" value="90125.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4698.57"/>	<input type="text" value="4698.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Our Voice PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

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).....	25071.78	56731.15
(ii) Unitemized	4950.39	12565.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30022.17	69296.30
(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)	30022.17	69296.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30022.17	69296.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30022.17	69296.30

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	35742.75	90125.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35742.75	90125.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35742.75	90125.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35742.75	90125.10

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)	30022.17	69296.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30022.17	69296.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35742.75	90125.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35742.75	90125.10

**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 24
	(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)
Our Voice PAC

Full Name (Last, First, Middle Initial) A. CONSERVATIVE CONNECTOR, LLC		Date of Receipt
Mailing Address 435 E MAIN STREET SUITE 250		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City GREENWOOD	State IN	Zip Code 46143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.7177
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="8123.00"/>
	<input type="text" value="16564.00"/>	

Full Name (Last, First, Middle Initial) B. CONSERVATIVE CONNECTOR, LLC		Date of Receipt
Mailing Address 435 E MAIN STREET SUITE 250		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City GREENWOOD	State IN	Zip Code 46143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.7149
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2282.50"/>
	<input type="text" value="18846.50"/>	

Full Name (Last, First, Middle Initial) C. CONSERVATIVE CONNECTOR, LLC		Date of Receipt
Mailing Address 435 E MAIN STREET SUITE 250		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City GREENWOOD	State IN	Zip Code 46143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.7190
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2729.66"/>
	<input type="text" value="21576.16"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="13135.16"/>
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 7 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Our Voice PAC

A. NANCY HAGAN
Full Name (Last, First, Middle Initial)

Mailing Address 4227 E ELMWOOD ST

City MESA State AZ Zip Code 85205

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

Name of Employer MILAM GLASS SO Occupation SECRETARY/ RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.7732

Amount of Each Receipt this Period
 33.42

B. WAYNE HOGUE
Full Name (Last, First, Middle Initial)

Mailing Address 6320 WETZEL COURT

City RENO State NV Zip Code 89511

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

Name of Employer UNEMPLOYED Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.7719

Amount of Each Receipt this Period
 238.75

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

Mailing Address 275 CATOB ROAD

City HARBOR SPRINGS State MI Zip Code 49740

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

Name of Employer SELF EMPLOYED Occupation WRITER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 955.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.7622

Amount of Each Receipt this Period
 955.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1227.17

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 24
	(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)
Our Voice PAC

Full Name (Last, First, Middle Initial) A. CHARLOTTE ROSS		Date of Receipt MM / DD / YYYY 05 / 23 / 2014
Mailing Address PO BOX 730		Transaction ID : SA11Al.7142
City NEW VERNON	State NJ	Zip Code 07976
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. SO ARIZONA CONSERVATIVE PAC		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address PO BOX 1504		Transaction ID : SA11Al.7184
City SAHUARITA	State AZ	Zip Code 85629
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 609.03	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.03	

Full Name (Last, First, Middle Initial) C. SQUARE INC		Date of Receipt MM / DD / YYYY 05 / 21 / 2014
Mailing Address 901 MISSION STREET		Transaction ID : SA11Al.7336
City SAN FRANCISCO	State CA	Zip Code 94103
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.15	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.49	

SUBTOTAL of Receipts This Page (optional).....▶	10628.18
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 9 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)
A. SQUARE INC

Mailing Address **901 MISSION STREET**

City **SAN FRANCISCO** State **CA** Zip Code **94103**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.79

Date of Receipt
06 / 10 / 2014

Transaction ID : SA11AI.7345

Amount of Each Receipt this Period
38.30

Full Name (Last, First, Middle Initial)
B. CAROL SWARTZ

Mailing Address **7007 TUCHAWAY ST**

City **SAN DIEGO** State **CA** Zip Code **92119**

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 ▼
205.32

Date of Receipt
05 / 09 / 2014

Transaction ID : SA11AI.7688

Amount of Each Receipt this Period
23.87

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

Mailing Address **7007 TUCHAWAY ST**

City **SAN DIEGO** State **CA** Zip Code **92119**

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 ▼
214.87

Date of Receipt
05 / 19 / 2014

Transaction ID : SA11AI.7722

Amount of Each Receipt this Period
9.55

SUBTOTAL of Receipts This Page (optional)..... ▶ **71.72**

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 24
(check only one)

<input checked="" 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 type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Our Voice PAC

A. CAROL SWARTZ
Full Name (Last, First, Middle Initial)
Mailing Address 7007 TUCHAWAY ST
City SAN DIEGO State CA Zip Code 92119
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 ▼ 224.42

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 18 / 2014
Transaction ID : SA11AI.7730
Amount of Each Receipt this Period
9.55

B.
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 / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	9.55
TOTAL This Period (last page this line number only).....▶	25071.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2014

Transaction ID : SB21B.7294

Amount of Each Disbursement this Period

37.57

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB21B.7299

Amount of Each Disbursement this Period

98.57

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : SB21B.7305

Amount of Each Disbursement this Period

38.46

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

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

174.60

**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)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SB21B.7306

Amount of Each Disbursement this Period

98.57

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SB21B.7311

Amount of Each Disbursement this Period

38.62

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : SB21B.7313

Amount of Each Disbursement this Period

98.57

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

235.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Chase ePay

Mailing Address P O Box 15298

City State Zip Code
Wilmington DE 19850

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7293

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Chase ePay

Mailing Address P O Box 15298

City State Zip Code
Wilmington DE 19850

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7312

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Jameson Media

Mailing Address 348 Mill St.

City State Zip Code
Reno NV 89501

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7291

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
MEDIA PRODUCTION

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7302

Amount of Each Disbursement this Period

5	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Jameson Media

Mailing Address 348 Mill St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
MEDIA PRODUCTION

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7310

Amount of Each Disbursement this Period

7	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PIRYX INC

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	4

Transaction ID : SB21B.7298

Amount of Each Disbursement this Period

2	9	0	0	0	0
---	---	---	---	---	---

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

1	3	0	2	9	0
---	---	---	---	---	---

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

1	3	0	2	9	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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. PIRYX INC

Mailing Address 144 2ND ST

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SB21B.7303

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

B. PIRYX INC

Mailing Address 144 2ND ST

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : SB21B.7314

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. PIRYX INC

Mailing Address 144 2ND ST

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : SB21B.7315

Amount of Each Disbursement this Period

15.00

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

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

59.00

**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)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. PIRYX INC

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : SB21B.7316

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. PIRYX INC

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : SB21B.7317

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. HANSEN RASMUSSEN

Mailing Address 9095 N OAKWOOD AVE

City NEENAH State WI Zip Code 54956

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SB21B.7307

Amount of Each Disbursement this Period

1400.00

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

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

1430.00

**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)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Southwest Rewards

Mailing Address P O Box 36647

City State Zip Code
Dallas TX 75235

Purpose of Disbursement
CREDIT CARD CHARGES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7256

Amount of Each Disbursement this Period

2	0	9	6	.	4	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIR

Mailing Address P O Box 36647

City State Zip Code
DALLAS TX 75235

Purpose of Disbursement
TRAVEL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7256.0

Amount of Each Disbursement this Period

4	7	6	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address

City State Zip Code
RENO NV 89502

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7256.1

Amount of Each Disbursement this Period

4	0	5	.	4	9
---	---	---	---	---	---

[MEMO ITEM]

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

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

2	0	9	6	.	4	0
---	---	---	---	---	---	---

4	7	6	.	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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address

City RENO State NV Zip Code 89502

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : SB21B.7256.3

Amount of Each Disbursement this Period

312.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address VASSAR ST

City RENO State NV Zip Code 89502

Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Transaction ID : SB21B.7256.4

Amount of Each Disbursement this Period

40.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address

City RENO State NV Zip Code 89502

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2014

Transaction ID : SB21B.7256.7

Amount of Each Disbursement this Period

723.87

[MEMO ITEM]

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

0.00

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)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
INTEREST EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2014

Transaction ID : SB21B.7256.9

Amount of Each Disbursement this Period

18.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
CREDIT CARD CHARGES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : SB21B.7270

Amount of Each Disbursement this Period

2095.68

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address

City RENO State NV Zip Code 89502

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2014

Transaction ID : SB21B.7270.0

Amount of Each Disbursement this Period

423.54

[MEMO ITEM]

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

2095.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address

City RENO State NV Zip Code 89502

Purpose of Disbursement
OFFICE SUPPLIES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : SB21B.7270.1

Amount of Each Disbursement this Period

423.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address

City RENO State NV Zip Code 89502

Purpose of Disbursement
OFFICE SUPPLIES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : SB21B.7270.3

Amount of Each Disbursement this Period

355.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address VASSAR ST

City RENO State NV Zip Code 89502

Purpose of Disbursement
POSTAGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : SB21B.7270.5

Amount of Each Disbursement this Period

24.50

[MEMO ITEM]

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

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

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address VASSAR ST

City RENO State NV Zip Code 89502

Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : SB21B.7270.6

Amount of Each Disbursement this Period

49.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIR

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2014

Transaction ID : SB21B.7270.7

Amount of Each Disbursement this Period

680.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Southwest Rewards

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2014

Transaction ID : SB21B.7270.8

Amount of Each Disbursement this Period

26.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Southwest Rewards

Mailing Address P O Box 36647

City State Zip Code
Dallas TX 75235

Purpose of Disbursement
INTEREST EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SB21B.7270.9

Amount of Each Disbursement this Period

23.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Southwest Rewards

Mailing Address P O Box 36647

City State Zip Code
Dallas TX 75235

Purpose of Disbursement
CREDIT CARD CHARGES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SB21B.7281

Amount of Each Disbursement this Period

90.44

Full Name (Last, First, Middle Initial)

C. Southwest Rewards

Mailing Address P O Box 36647

City State Zip Code
Dallas TX 75235

Purpose of Disbursement
INTEREST EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SB21B.7281.2

Amount of Each Disbursement this Period

23.45

[MEMO ITEM]

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

90.44

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Our Voice PAC

Full Name (Last, First, Middle Initial)

A. ROBERT TESE

Mailing Address 1281 TERMINAL WAY
SUITE 108

City RENO State NV Zip Code 89502

Purpose of Disbursement
ACCOUNTING FEES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	19	/	2014

Transaction ID : SB21B.7300

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. RICK TRADER

Mailing Address 766 MAPLE RD

City DEPTFORD State NJ Zip Code 08096

Purpose of Disbursement
RADIO COMMERCIAL TIME

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2014

Transaction ID : SB21B.7286

Amount of Each Disbursement this Period

1950.00

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 200 S. Virginia St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SB21B.7301

Amount of Each Disbursement this Period

30.00

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

2480.00

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)
Our Voice PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 200 S. Virginia St.

City Reno State NV Zip Code 89501

Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 10 / 2014

Transaction ID : SB21B.7309

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

30.00

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

35609.50