

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P O Box 8262 Reno NV 89507 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00497412 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

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

Type or Print Name of Treasurer Robert Fee

Signature of Treasurer Robert Fee [Electronically Filed] Date 04 / 15 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**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="22594.65"/>	<input type="text" value="22594.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22594.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="39197.83"/>	<input type="text" value="39197.83"/>
(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="61792.48"/>	<input type="text" value="61792.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="54246.50"/>	<input type="text" value="54246.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7545.98"/>	<input type="text" value="7545.98"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**Our Voice PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34070.58	34070.58
(ii) Unitemized .....	5127.25	5127.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39197.83	39197.83
(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) .....	39197.83	39197.83
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))..... ▶	39197.83	39197.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39197.83	39197.83

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	54246.50	54246.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	54246.50	54246.50
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)) ..	54246.50	54246.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54246.50	54246.50

**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) .....	39197.83	39197.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39197.83	39197.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	54246.50	54246.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	54246.50	54246.50

**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 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Our Voice PAC**

**A. GARY AND WENDY BLACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4511 WEST CHEYENNE AVE 702  
 City N LAS VEGAS State NV Zip Code 89032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation REAL ESTATE  
 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  
 02 / 13 / 2014  
**Transaction ID : SA11AI.6744**  
 Amount of Each Receipt this Period  
 500.00

**B. CALIFORNIA REPUBLICAN ASSEMBLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code CA  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2014  
**Transaction ID : SA11AI.6842**  
 Amount of Each Receipt this Period  
 218.00

**C. TXRA CHARLES BETHESTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City FORT WORTH State TX 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 ▼ 286.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2014  
**Transaction ID : SA11AI.6747**  
 Amount of Each Receipt this Period  
 286.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1004.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Our Voice PAC**

Full Name (Last, First, Middle Initial)  
**A. LARA CHRISTENSEN**

Mailing Address **PO BOX 254**

City **WESTON** State **ID** Zip Code **83256**

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

Name of Employer **SELF EMPLOYED** Occupation **MEDICAL TECH**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11AI.6822**

Amount of Each Receipt this Period  
**241.00**

Full Name (Last, First, Middle Initial)  
**B. CONSERVATIVE BUSINESS LEAGUE LLC**

Mailing Address **3375 E SHEA BLVD 2C**

City **PHOENIX** State **AZ** Zip Code **85028-3357**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **223.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : SA11AI.6765**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address **435 E MAIN STREET  
SUITE 250**

City **GREENWOOD** State **IN** Zip Code **46143**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4041.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : SA11AI.6780**

Amount of Each Receipt this Period  
**4041.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>4317.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Our Voice PAC**

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

Mailing Address 435 E MAIN STREET  
SUITE 250

City GREENWOOD State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8441.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2014  
**Transaction ID : SA11AI.6778**

Amount of Each Receipt this Period  
4400.00

Full Name (Last, First, Middle Initial)  
**B. MISSOURI REPUBLICAN ASSEMBLY**

Mailing Address

City SPRINGFIELD State MO 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 ▼  
695.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2014  
**Transaction ID : SA11AI.6834**

Amount of Each Receipt this Period  
695.00

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

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
376.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : SA11AI.7074**

Amount of Each Receipt this Period  
223.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5318.46
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 28  
(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. PIRYX INC**

Mailing Address 144 2ND ST

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2014  
**Transaction ID : SA11AI.7075**

Amount of Each Receipt this Period  
9.55

Full Name (Last, First, Middle Initial)  
**B. PIRYX INC**

Mailing Address 144 2ND ST

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2014  
**Transaction ID : SA11AI.7076**

Amount of Each Receipt this Period  
4.77

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

Mailing Address 144 2ND ST

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA11AI.7080**

Amount of Each Receipt this Period  
84.99

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 99.31

**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 28  
(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**

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

Mailing Address 144 2ND ST

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
508.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2014

Transaction ID : SA11AI.7082

Amount of Each Receipt this Period  
33.42

Full Name (Last, First, Middle Initial)  
**B. PIRYX INC**

Mailing Address 144 2ND ST

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
532.85

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2014

Transaction ID : SA11AI.7083

Amount of Each Receipt this Period  
23.87

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

Mailing Address 144 2ND ST

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
542.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2014

Transaction ID : SA11AI.7085

Amount of Each Receipt this Period  
9.55

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.84

**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 11 OF 28  
(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. PIRYX INC**

Mailing Address 144 2ND ST

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1266.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2014  
**Transaction ID : SA11AI.7086**

Amount of Each Receipt this Period  
723.84

Full Name (Last, First, Middle Initial)  
**B. PIRYX INC**

Mailing Address 144 2ND ST

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1433.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : SA11AI.7087**

Amount of Each Receipt this Period  
167.11

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

Mailing Address 144 2ND ST

City State Zip Code  
SAN FRANCISCO CA 94105

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1738.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : SA11AI.7088**

Amount of Each Receipt this Period  
305.57

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1196.52

**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 12 OF 28  
(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. PIRYX INC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 144 2ND ST  
City SAN FRANCISCO State CA Zip Code 94105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2364.43  
Date of Receipt: 03 / 24 / 2014  
Transaction ID : SA11AI.7090  
Amount of Each Receipt this Period: 625.51

**B. PIRYX INC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 144 2ND ST  
City SAN FRANCISCO State CA Zip Code 94105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2627.05  
Date of Receipt: 03 / 25 / 2014  
Transaction ID : SA11AI.7091  
Amount of Each Receipt this Period: 262.62

**C. PIRYX INC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 144 2ND ST  
City SAN FRANCISCO State CA Zip Code 94105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2765.51  
Date of Receipt: 03 / 26 / 2014  
Transaction ID : SA11AI.7092  
Amount of Each Receipt this Period: 138.46

**SUBTOTAL** of Receipts This Page (optional).....▶ 1026.59  
**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 13 OF 28  
(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**

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

Mailing Address 144 2ND ST

City SAN FRANCISCO State CA Zip Code 94105

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2802.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : SA11AI.7093**

Amount of Each Receipt this Period  
37.24

Full Name (Last, First, Middle Initial)  
**B. FRED AND SHERRY ROSS**

Mailing Address P O BOX 730

City NEW VERNON State NY Zip Code 07976

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

Name of Employer Occupation  
SELF OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2014  
**Transaction ID : SA11AI.6902**

Amount of Each Receipt this Period  
20000.00

Full Name (Last, First, Middle Initial)  
**C. SO ARIZONA CONSERVATIVE PAC**

Mailing Address PO BOX 1504

City SAHUARITA State AZ Zip Code 85629

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2014  
**Transaction ID : SA11AI.6761**

Amount of Each Receipt this Period  
241.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20278.24

**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 14 OF 28  
(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 State Zip Code  
SAN FRANCISCO CA 94103

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2014  
**Transaction ID : SA11AI.7081**

Amount of Each Receipt this Period  
86.40

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

Mailing Address 901 MISSION STREET

City State Zip Code  
SAN FRANCISCO CA 94103

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2014  
**Transaction ID : SA11AI.7084**

Amount of Each Receipt this Period  
72.07

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

Mailing Address 901 MISSION STREET

City State Zip Code  
SAN FRANCISCO CA 94103

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : SA11AI.7089**

Amount of Each Receipt this Period  
19.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 177.62

**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 15 OF 28  
(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. WEST ALABAMA REPUBLICAN ASSEMBLY**  
 Mailing Address 10176 COWLEY DR  
 City State Zip Code  
 WOODSTOCK AL 35188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 286.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2014  
**Transaction ID : SA11Al.6767**  
 Amount of Each Receipt this Period  
 286.00

Full Name (Last, First, Middle Initial)  
**B. CANDICE WINES**  
 Mailing Address HC60 BOX 668  
 City State Zip Code  
 RUBY VALLEY NV 89833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RANCHER  
 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  
 03 / 04 / 2014  
**Transaction ID : SA11Al.6904**  
 Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**C.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 586.00  
**TOTAL** This Period (last page this line number only)..... ▶ 34070.58

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7061

Amount of Each Disbursement this Period

9	8	.	5	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement  
TELEPHONE

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7071

Amount of Each Disbursement this Period

3	7	.	5	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. AT&T

Mailing Address 5000 Meadowood Mall

City Reno State NV Zip Code 89501

Purpose of Disbursement  
TELEPHONE

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7072

Amount of Each Disbursement this Period

9	8	.	5	5
---	---	---	---	---

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

2	3	.	4	.	6	7
---	---	---	---	---	---	---

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

2	3	.	4	.	6	7
---	---	---	---	---	---	---



**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. BARCLAYS BANK DELAWARE**

Mailing Address 125 SOUTH WEST STREET

City WILMINGTON State DE Zip Code 19801

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  
01 / 27 / 2014

**Transaction ID : SB21B.7054**

Amount of Each Disbursement this Period

319.50

Full Name (Last, First, Middle Initial)

**B. BIG LOT MEDIA**

Mailing Address PO BOX 18888

City RENO State NV Zip Code 89511

Purpose of Disbursement  
MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2014

**Transaction ID : SB21B.7062**

Amount of Each Disbursement this Period

21705.00

Full Name (Last, First, Middle Initial)

**C. BIG LOT MEDIA**

Mailing Address PO BOX 18888

City RENO State NV Zip Code 89511

Purpose of Disbursement  
MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : SB21B.7070**

Amount of Each Disbursement this Period

15000.00

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

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

37024.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Our Voice PAC**

Full Name (Last, First, Middle Initial)

**A. Chase ePay**

Mailing Address P O Box 15298

City State Zip Code  
Wilmington DE 19850

Purpose of Disbursement

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  
01 / 29 / 2014

**Transaction ID : SB21B.7056**

Amount of Each Disbursement this Period

1361.45

Full Name (Last, First, Middle Initial)

**B. CONSERVATIVE COMMANDO RADIO**

Mailing Address

City State Zip Code

Purpose of Disbursement  
RADIO AD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2014

**Transaction ID : SB21B.7095**

Amount of Each Disbursement this Period

995.00

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 PRODUCTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 13 / 2014

**Transaction ID : SB21B.7052**

Amount of Each Disbursement this Period

5500.00

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

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

7856.45

**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**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7069**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. OFFICE MAX**

Mailing Address 6013 S VIRGINIA ST

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

/  /

**Transaction ID : SB21B.7065**

Amount of Each Disbursement this Period

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

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7105**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Our Voice PAC**

Full Name (Last, First, Middle Initial)

**A. Southwest Rewards**

Mailing Address P O Box 36647

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
CREDIT CARD CHARGES

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	1				2	0		2	0	1	4		

Transaction ID : SB21B.6982

Amount of Each Disbursement this Period

9	1	6	.	1	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIR**

Mailing Address P O Box 36647

City State Zip Code  
DALLAS TX 75235

Purpose of Disbursement  
AIRLINE TICKETS

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	1				0	8		2	0	1	4		

Transaction ID : SB21B.6982.2

Amount of Each Disbursement this Period

4	8	2	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIR**

Mailing Address P O Box 36647

City State Zip Code  
DALLAS TX 75235

Purpose of Disbursement  
AIRLINE TICKETS

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.6982.3

Amount of Each Disbursement this Period

1	8	8	.	0	0
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[MEMO ITEM]

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

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

9	1	6	.	1	6
---	---	---	---	---	---

--	--	--	--	--	--

**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
0	1			2	0			2	0	1	4		

Transaction ID : SB21B.6982.5

Amount of Each Disbursement this Period

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

[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
0	2			2	0			2	0	1	4		

Transaction ID : SB21B.6981

Amount of Each Disbursement this Period

2	5	2	9	.	4	7
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIR**

Mailing Address P O Box 36647

City State Zip Code  
DALLAS TX 75235

Purpose of Disbursement  
AIRLINE TICKETS

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.6981.6

Amount of Each Disbursement this Period

8	0	.	5	0
---	---	---	---	---

[MEMO ITEM]

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

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

2	5	2	9	.	4	7
---	---	---	---	---	---	---

2	5	2	9	.	4	7
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Our Voice PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIR**

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
AIRLINE TICKETS

**002**  
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  
01 / 31 / 2014

**Transaction ID : SB21B.6981.8**

Amount of Each Disbursement this Period

90.00

**[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  
AIRLINE TICKETS

**002**  
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  
01 / 31 / 2014

**Transaction ID : SB21B.6981.9**

Amount of Each Disbursement this Period

248.50

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIR**

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
AIRLINE TICKETS

**002**  
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  
01 / 31 / 2014

**Transaction ID : SB21B.6981.10**

Amount of Each Disbursement this Period

276.00

**[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. SOUTHWEST AIR**

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
AIRLINE TICKETS

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6981.12**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIR**

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
AIRLINE TICKETS

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6981.13**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIR**

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
AIRLINE TICKETS

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6981.15**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Our Voice PAC**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address VASSAR ST

City RENO State NV Zip Code 89502

Purpose of Disbursement  
POSTAGE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.6981.16**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Southwest Rewards**

Mailing Address P O Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
CREDIT CARD CHARGES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7024**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIR**

Mailing Address P O Box 36647

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
AIR LINE TICKETS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7024.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Our Voice PAC**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address VASSAR ST

City RENO State NV Zip Code 89502

Purpose of Disbursement  
AIRLINE TICKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.7024.2**

Amount of Each Disbursement this Period

245.00

[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  
AIRLINE TICKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2014

**Transaction ID : SB21B.7024.3**

Amount of Each Disbursement this Period

332.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address

City RENO State NV Zip Code 89502

Purpose of Disbursement  
OFFICE SUPPLIES

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  
03 / 03 / 2014

**Transaction ID : SB21B.7024.5**

Amount of Each Disbursement this Period

121.71

[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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2014

Transaction ID : SB21B.7024.7

Amount of Each Disbursement this Period

33.24

[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

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2014

Transaction ID : SB21B.7024.12

Amount of Each Disbursement this Period

38.00

[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

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 / 17 / 2014

Transaction ID : SB21B.7024.14

Amount of Each Disbursement this Period

245.00

[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. 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  
03 / 17 / 2014

Transaction ID : SB21B.7024.15

Amount of Each Disbursement this Period

107.18

[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  
LATE FEES

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2014

Transaction ID : SB21B.7024.16

Amount of Each Disbursement this Period

25.00

[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  
INTEREST EXPENSE

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2014

Transaction ID : SB21B.7024.17

Amount of Each Disbursement this Period

36.66

[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. ROBERT TESE**

Mailing Address 1281 TERMINAL WAY  
SUITE 108

City RENO State NV Zip Code 89502

Purpose of Disbursement  
ACCOUNTING FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.7057

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
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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

Amount of Each Disbursement this Period

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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

Amount of Each Disbursement this Period

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

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

5	3	7	1	9	.	9	7
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