

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

PATRIOT VOICES PAC

ADDRESS (number and street) 315 Foxtail Lane

Check if different than previously reported. (ACC) Spring City PA 19475

2. **FEC IDENTIFICATION NUMBER ▼** C C00528307 **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 M M M / D D D / Y Y Y Y Y Y in the State of

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

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015

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

Type or Print Name of Treasurer Nadine Maenza

Signature of Treasurer Nadine Maenza *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PATRIOT VOICES PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="437068.70"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="437068.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="310962.45"/>	<input type="text" value="310962.45"/>
(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="748031.15"/>	<input type="text" value="748031.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="714215.48"/>	<input type="text" value="714215.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33815.67"/>	<input type="text" value="33815.67"/>
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="36932.52"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
PATRIOT VOICES PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17050.00	17050.00
(ii) Unitemized	4201.06	4201.06
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21251.06	21251.06
(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)	21251.06	21251.06
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).....	656.47	656.47
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	289054.92	289054.92
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))..... ▶	310962.45	310962.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	310962.45	310962.45

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	60659.01	60659.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	60659.01	60659.01
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)	420.94	420.94
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	653135.53	653135.53
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)) ..	714215.48	714215.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	714215.48	714215.48

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)	21251.06	21251.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21251.06	21251.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	60659.01	60659.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	656.47	656.47
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60002.54	60002.54

**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 92
(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)
PATRIOT VOICES PAC

A. JOHN ERTLMAIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 599 RIVERSIDE AVE
 City WESTPORT State CT Zip Code 06880-5931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CPA
 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
 01 / 21 / 2015
Transaction ID : SA11.1074392
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. JOHN ERTLMAIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 599 RIVERSIDE AVE
 City WESTPORT State CT Zip Code 06880-5931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CPA
 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
 02 / 21 / 2015
Transaction ID : SA11.1074395
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. JOHN ERTLMAIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 599 RIVERSIDE AVE
 City WESTPORT State CT Zip Code 06880-5931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CPA
 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 / 21 / 2015
Transaction ID : SA11.1074398
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. JOHN ERTLMAIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 599 RIVERSIDE AVE
 City WESTPORT State CT Zip Code 06880-5931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2015
Transaction ID : SA11.1074401
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. JOHN ERTLMAIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 599 RIVERSIDE AVE
 City WESTPORT State CT Zip Code 06880-5931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : SA11.1074404
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. JOHN ERTLMAIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 599 RIVERSIDE AVE
 City WESTPORT State CT Zip Code 06880-5931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2015
Transaction ID : SA11.1074407
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MRS. RITA D. FISCHER
Full Name (Last, First, Middle Initial)

Mailing Address 4275 STURGIS ROAD

City RAPID CITY State SD Zip Code 57702-0310

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **01 / 08 / 2015**
Transaction ID : **SA11.1074387**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

B. DEL W. HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 2745 MONTREAUX DRIVE

City FRISCO State TX Zip Code 75034-1854

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

Name of Employer: **TEXAS LEGENDS** Occupation: **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **03 / 13 / 2015**
Transaction ID : **SA11.1061996**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

C. LISA R. HENDRICKSON
Full Name (Last, First, Middle Initial)

Mailing Address 5108 CONNORS DRIVE

City FLOWER MOUND State TX Zip Code 75028-6004

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

Name of Employer: **INSPIRED STEWARDSHIP** Occupation: **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt: **03 / 13 / 2015**
Transaction ID : **SA11.1061995**

Amount of Each Receipt this Period: **3000.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MRS. PEGGY KIMBELL
Full Name (Last, First, Middle Initial)

Mailing Address 4211 LAKED PARK DRIVE

City State Zip Code
WICHITA FALLS TX 76302-1912

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2015
Transaction ID : SA11.1064813

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. MR. KENNETH TROUTT
Full Name (Last, First, Middle Initial)

Mailing Address 10595 STRAIT LANE

City State Zip Code
DALLAS TX 75229-5424

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 ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2015
Transaction ID : SA11.1073436

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. MRS. LISA TROUTT
Full Name (Last, First, Middle Initial)

Mailing Address 10595 STRAIT LANE

City State Zip Code
DALLAS TX 75229-5424

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

Name of Employer Occupation
HOUSEWIFE HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2015
Transaction ID : SA11.1073437

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. ELEANOR WILKERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1114 EAST 25TH ST.
 City TULSA State OK Zip Code 74114-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation MINERAL MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 22 / 2015
Transaction ID : SA11.1074389
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. ELEANOR WILKERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1114 EAST 25TH ST.
 City TULSA State OK Zip Code 74114-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation MINERAL MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 22 / 2015
Transaction ID : SA11.1074391
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. ELEANOR WILKERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1114 EAST 25TH ST.
 City TULSA State OK Zip Code 74114-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation MINERAL MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 22 / 2015
Transaction ID : SA11.1074394
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. ELEANOR WILKERSON
Full Name (Last, First, Middle Initial)
Mailing Address 1114 EAST 25TH ST.
City TULSA State OK Zip Code 74114-2614
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation MINERAL MANAGEMENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 04 / 22 / 2015
Transaction ID : SA11.1074397
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. ELEANOR WILKERSON
Full Name (Last, First, Middle Initial)
Mailing Address 1114 EAST 25TH ST.
City TULSA State OK Zip Code 74114-2614
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation MINERAL MANAGEMENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 05 / 22 / 2015
Transaction ID : SA11.1074400
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. ELEANOR WILKERSON
Full Name (Last, First, Middle Initial)
Mailing Address 1114 EAST 25TH ST.
City TULSA State OK Zip Code 74114-2614
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation MINERAL MANAGEMENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 06 / 22 / 2015
Transaction ID : SA11.1074403
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	17050.00

**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 92
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
PATRIOT VOICES PAC

A. INTUIT
Full Name (Last, First, Middle Initial)
Mailing Address 2632 MARINE WAY
City MOUNTAIN VIEW State CA Zip Code 94043
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 649.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2015
Transaction ID : SA15.1383
Amount of Each Receipt this Period
649.10
VENDOR REFUND-PAC SOFTWARE & DATABASE SE

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).....▶	649.10
TOTAL This Period (last page this line number only).....▶	649.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 92
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. VINAL BOWYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2539 S WILLOW CREEK DR
 City PERU State IN Zip Code 46970-7202
 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 **720.00**

Date of Receipt **02 / 04 / 2015**
Transaction ID : SA11.1061992
 Amount of Each Receipt this Period **360.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. VINAL BOWYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2539 S WILLOW CREEK DR
 City PERU State IN Zip Code 46970-7202
 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 **720.00**

Date of Receipt **02 / 27 / 2015**
Transaction ID : SA11.1061993
 Amount of Each Receipt this Period **360.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. WALTER C BURMEISTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 S SPRINGFIELD AVE
 City CHICAGO State IL Zip Code 60632-3729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **02 / 26 / 2015**
Transaction ID : SA11.1061984
 Amount of Each Receipt this Period **150.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	870.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 92
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
	<input checked="" type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. WALTER C BURMEISTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 S SPRINGFIELD AVE
 City CHICAGO State IL Zip Code 60632-3729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 10 / 2015
Transaction ID : SA11.1074348
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. MARY E. DORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2136 33RD RD APARTMENT 6A
 City LONG ISLAND CITY State NY Zip Code 11106-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 29 / 2015
Transaction ID : SA11.1074000
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. MARY E. DORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2136 33RD RD APARTMENT 6A
 City LONG ISLAND CITY State NY Zip Code 11106-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2015
Transaction ID : SA11.1074001
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 475.00
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 15 OF 92
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. RAYMOND N. FINK		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 Transaction ID : SA11.1057407
Mailing Address P.O. BOX 134		Amount of Each Receipt this Period 180.00
City WILLIAMSTON	State MI	Zip Code 48895-0134
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. MR. RAYMOND N. FINK		Date of Receipt MM / DD / YYYY 06 / 18 / 2015 Transaction ID : SA11.1074364
Mailing Address P.O. BOX 134		Amount of Each Receipt this Period 100.00
City WILLIAMSTON	State MI	Zip Code 48895-0134
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. MS. JUDITH GAMBLE FLOR		Date of Receipt MM / DD / YYYY 02 / 04 / 2015 Transaction ID : SA11.1061986
Mailing Address 508 CYPRESS MILL RD		Amount of Each Receipt this Period 180.00
City FLORENCE	State AL	Zip Code 35630-2039
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	460.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 92
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. JUDITH GAMBLE FLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 CYPRESS MILL RD
 City FLORENCE State AL Zip Code 35630-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 02 / 25 / 2015
Transaction ID : SA11.1061987
 Amount of Each Receipt this Period 180.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SHERRY L. HEATH
 Full Name (Last, First, Middle Initial)
 Mailing Address 279 RIVER WATCH DR
 City SOLDOTNA State AK Zip Code 99669-7353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 02 / 23 / 2015
Transaction ID : SA11.1061989
 Amount of Each Receipt this Period 230.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. BARBARA A. JARVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13923 DUNCANNON DR
 City HOUSTON State TX Zip Code 77015-2413
 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 ▼ 340.00

Date of Receipt 02 / 04 / 2015
Transaction ID : SA11.1061769
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 540.00
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 17 OF 92
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. BARBARA A. JARVIS		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 Transaction ID : SA11.1074044
Mailing Address 13923 DUNCANNON DR		Amount of Each Receipt this Period 210.00
City HOUSTON	State TX	Zip Code 77015-2413
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. MR. VILAS D. JOHNSON		Date of Receipt MM / DD / YYYY 01 / 22 / 2015 Transaction ID : SA11.1057292
Mailing Address 111 AZALEA PARK DR		Amount of Each Receipt this Period 100.00
City HENDERSONVILLE	State NC	Zip Code 28792-8229
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) C. MR. VILAS D. JOHNSON		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 Transaction ID : SA11.1061771
Mailing Address 111 AZALEA PARK DR		Amount of Each Receipt this Period 230.00
City HENDERSONVILLE	State NC	Zip Code 28792-8229
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

SUBTOTAL of Receipts This Page (optional).....▶	540.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 92
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. VILAS D. JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 111 AZALEA PARK DR

City HENDERSONVILLE State NC Zip Code 28792-8229

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 ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : SA11.1061991

Amount of Each Receipt this Period
 360.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. KATHLEEN M. LUND
Full Name (Last, First, Middle Initial)

Mailing Address 1285 CLUB HOUSE DR

City PASADENA State CA Zip Code 91105-2728

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

Name of Employer ALAN LUND COMPANY Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11.1073466

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. TRUDY MCCORY
Full Name (Last, First, Middle Initial)

Mailing Address 426 PARKWOOD DR

City PRATTVILLE State AL Zip Code 36067-4025

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 ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : SA11.1061985

Amount of Each Receipt this Period
 180.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	1040.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 92
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. TRUDY MCCORY		Date of Receipt
Mailing Address 426 PARKWOOD DR		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
PRATTVILLE	AL	36067-4025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.1074374
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="165.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="345.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MRS. NANCY PIEHL		Date of Receipt
Mailing Address 871 BURR OAK TRL		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
WHITEWATER	WI	53190-2961
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.1061752
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MRS. NANCY PIEHL		Date of Receipt
Mailing Address 871 BURR OAK TRL		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
WHITEWATER	WI	53190-2961
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.1073994
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="365.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 92
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Mailing Address 871 BURR OAK TRL

City State Zip Code
WHITEWATER WI 53190-2961

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015
Transaction ID : SA11.1073999

Amount of Each Receipt this Period
200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. ANNE M. RYAN
Full Name (Last, First, Middle Initial)

Mailing Address 5402 PENNOCK POINT ROAD

City State Zip Code
JUPITER FL 33458-3448

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

Name of Employer Occupation
MUSICIAN SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015
Transaction ID : SA11.1061990

Amount of Each Receipt this Period
235.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. KENNETH J. STUDEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 65523 N CENTERVILLE RD

City State Zip Code
STURGIS MI 49091-9148

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2015
Transaction ID : SA11.1073465

Amount of Each Receipt this Period
300.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	735.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 92
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. KENNETH TROUTT
Full Name (Last, First, Middle Initial)

Mailing Address 10595 STRAIT LANE

City DALLAS State TX Zip Code 75229-5424

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 ▼
120000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : SA11.1073434

Amount of Each Receipt this Period
 120000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MRS. LISA TROUTT
Full Name (Last, First, Middle Initial)

Mailing Address 10595 STRAIT LANE

City DALLAS State TX Zip Code 75229-5424

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : SA11.1073435

Amount of Each Receipt this Period
 120000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MAC RUSSELL ENTERPRISES INC.
Full Name (Last, First, Middle Initial)

Mailing Address 6530 154TH AVENUE N.E.

City REDMOND State WA Zip Code 98052-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2015
Transaction ID : SA11.1073439

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	240250.00
TOTAL This Period (last page this line number only).....	245275.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. MATT GARVER

Mailing Address 101 STEVENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **SB21B.I1190**

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. MATT GARVER

Mailing Address 101 STEVENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2015

Transaction ID : **SB21B.I1194**

Amount of Each Disbursement this Period

80.00

Category/Type

Full Name (Last, First, Middle Initial)

C. MATT GARVER

Mailing Address 101 STEVENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SB21B.I1200**

Amount of Each Disbursement this Period

420.00

Category/Type

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. MATT GARVER

Mailing Address 101 STEVENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : SB21B.I1205

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MANAGEMENT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2015

Transaction ID : SB21B.I1179

Amount of Each Disbursement this Period

630.00

Full Name (Last, First, Middle Initial)

C. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MANAGEMENT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : SB21B.I1187

Amount of Each Disbursement this Period

2350.00

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

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

3020.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MANAGEMENT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 13 / 2015

Transaction ID : **SB21B.I1197**

Amount of Each Disbursement this Period
200.00

Full Name (Last, First, Middle Initial)
B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MANAGEMENT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SB21B.I1203**

Amount of Each Disbursement this Period
1050.00

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

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MANAGEMENT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
05 / 14 / 2015

Transaction ID : **SB21B.I1204**

Amount of Each Disbursement this Period
800.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2050.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MANAGEMENT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : SB21B.I1209

Amount of Each Disbursement this Period

2130.00

Full Name (Last, First, Middle Initial)

B. ELIZABETH SANTORUM

Mailing Address P.O. BOX 609

City GREAT FALLS State VA Zip Code 22066

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2015

Transaction ID : SB21B.I1181

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH SANTORUM

Mailing Address P.O. BOX 609

City GREAT FALLS State VA Zip Code 22066

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : SB21B.I1189

Amount of Each Disbursement this Period

1175.00

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

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

4555.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. ELIZABETH SANTORUM

Mailing Address P.O. BOX 609

City GREAT FALLS State VA Zip Code 22066

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 13 / 2015

Transaction ID : **SB21B.I1195**

Amount of Each Disbursement this Period
100.00

Full Name (Last, First, Middle Initial)
B. ELIZABETH SANTORUM

Mailing Address P.O. BOX 609

City GREAT FALLS State VA Zip Code 22066

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SB21B.I1201**

Amount of Each Disbursement this Period
525.00

Full Name (Last, First, Middle Initial)
C. AMBASSADOR ACCOUNTING, INC.

Mailing Address 7521 PRESIDENTIAL LANE

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PAC ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 13 / 2015

Transaction ID : **SB21B.I1148**

Amount of Each Disbursement this Period
117.48

SUBTOTAL of Disbursements This Page (optional)..... ▶ 742.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMBASSADOR ACCOUNTING, INC.

Mailing Address 7521 PRESIDENTIAL LANE

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PAC ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2015

Transaction ID : SB21B.I1149

Amount of Each Disbursement this Period

81.25

Full Name (Last, First, Middle Initial)

B. AMBASSADOR ACCOUNTING, INC.

Mailing Address 7521 PRESIDENTIAL LANE

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PAC ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2015

Transaction ID : SB21B.I1150

Amount of Each Disbursement this Period

102.97

Full Name (Last, First, Middle Initial)

C. AMBASSADOR ACCOUNTING, INC.

Mailing Address 7521 PRESIDENTIAL LANE

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PAC ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2015

Transaction ID : SB21B.I1151

Amount of Each Disbursement this Period

100.00

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

284.22

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMBASSADOR ACCOUNTING, INC.

Date of Disbursement

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

Mailing Address 7521 PRESIDENTIAL LANE

Transaction ID : SB21B.I1152

City MANASSAS State VA Zip Code 20109

Amount of Each Disbursement this Period

62.50

Purpose of Disbursement
PAC ACCOUNTING SERVICES

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. AMBASSADOR ACCOUNTING, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2015

Mailing Address 7521 PRESIDENTIAL LANE

Transaction ID : SB21B.I1153

City MANASSAS State VA Zip Code 20109

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
PAC ACCOUNTING SERVICES

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CAPITOL RESOURCE GROUP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		19		2015

Mailing Address P.O. BOX 194

Transaction ID : SB21B.I1182

City WAYNE State PA Zip Code 19087

Amount of Each Disbursement this Period

6250.00

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

6412.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CAPITOL RESOURCE GROUP

Mailing Address P.O. BOX 194

City WAYNE State PA Zip Code 19087

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2015

Transaction ID : **SB21B.I1191**

Amount of Each Disbursement this Period

715.50

Full Name (Last, First, Middle Initial)

B. CAPITOL RESOURCE GROUP

Mailing Address P.O. BOX 194

City WAYNE State PA Zip Code 19087

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **SB21B.I1212**

Amount of Each Disbursement this Period

5875.00

Full Name (Last, First, Middle Initial)

C. CAPITOL RESOURCE GROUP

Mailing Address P.O. BOX 194

City WAYNE State PA Zip Code 19087

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : **SB21B.I1213**

Amount of Each Disbursement this Period

500.00

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

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

7090.50

**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)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. CAPITOL RESOURCE GROUP

Mailing Address P.O. BOX 194

City WAYNE State PA Zip Code 19087

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SB21B.I1214**

Amount of Each Disbursement this Period
2625.00

Category/Type

Full Name (Last, First, Middle Initial)
B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 27 / 2015

Transaction ID : **SB21B.I1175**

Amount of Each Disbursement this Period
711.28

Category/Type

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

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT & CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 19 / 2015

Transaction ID : **SB21B.I1183**

Amount of Each Disbursement this Period
32.24

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3368.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement PAC DATABASE MANAGEMENT, CONTRIBUTION PROCESSING & EMAILS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **SB21B.I1185**

Amount of Each Disbursement this Period: 172.65

Category/Type

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement PAC DATABASE MANAGEMENT & CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 13 / 2015

Transaction ID : **SB21B.I1192**

Amount of Each Disbursement this Period: 10.99

Category/Type

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement PAC DATABASE MANAGEMENT & CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SB21B.I1198**

Amount of Each Disbursement this Period: 52.81

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 236.45

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT & CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I1206**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I1210**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. HSP DIRECT

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I1172**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECT

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I1174**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. HSP DIRECT

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I1176**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I1215**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.I1216

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

Transaction ID : SB21B.I1217

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	5

Transaction ID : SB21B.I1218

Amount of Each Disbursement this Period

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

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

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

3	2	9	.	9	4
---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2015

Transaction ID : SB21B.I1219

Amount of Each Disbursement this Period

877.58

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2015

Transaction ID : SB21B.I1184

Amount of Each Disbursement this Period

603.22

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : SB21B.I1186

Amount of Each Disbursement this Period

2481.98

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

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

3962.78

**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)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2015

Transaction ID : SB21B.I1193

Amount of Each Disbursement this Period

172.50

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SB21B.I1199

Amount of Each Disbursement this Period

846.86

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : SB21B.I1207

Amount of Each Disbursement this Period

135.90

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

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

1155.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : SB21B.I1211

Amount of Each Disbursement this Period

1278.00

Full Name (Last, First, Middle Initial)

B. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2015

Transaction ID : SB21B.I1220

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I1221

Amount of Each Disbursement this Period

39.00

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

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

1347.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2015

Transaction ID : SB21B.I1222

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SB21B.I1223

Amount of Each Disbursement this Period

38.50

Full Name (Last, First, Middle Initial)

C. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SB21B.I1224

Amount of Each Disbursement this Period

38.50

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

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

107.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. PNC

Full Name (Last, First, Middle Initial)

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 01 / 2015

Transaction ID : **SB21B.I1225**

Amount of Each Disbursement this Period: 38.50

Category/Type

B. ROY C. JONES, CFRE, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 19 / 2015

Transaction ID : **SB21B.I1180**

Amount of Each Disbursement this Period: 472.50

Category/Type

C. ROY C. JONES, CFRE, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **SB21B.I1188**

Amount of Each Disbursement this Period: 1762.50

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2273.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ROY C. JONES, CFRE, LLC

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2015

Transaction ID : SB21B.I1196

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. ROY C. JONES, CFRE, LLC

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SB21B.I1202

Amount of Each Disbursement this Period

787.50

Full Name (Last, First, Middle Initial)

C. SPELNA INC.

Mailing Address 225 INDUSTRIAL COURT

City FREDERICKSBURG State VA Zip Code 22408

Purpose of Disbursement
PAC STORAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : SB21B.I1208

Amount of Each Disbursement this Period

205.00

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

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

1142.50

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)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE
SUITE 101A

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PAC LIST SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2015

Transaction ID : SB21B.I1173

Amount of Each Disbursement this Period

720.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

720.00

60395.03

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KENT ABNER

Mailing Address 1381 COLONEL HAWTHORN DRIVE

City PRAIRIE GROVE State AR Zip Code 72753

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1249**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. KENT ABNER

Mailing Address 1381 COLONEL HAWTHORN DRIVE

City PRAIRIE GROVE State AR Zip Code 72753

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1267**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. KENT ABNER

Mailing Address 1381 COLONEL HAWTHORN DRIVE

City PRAIRIE GROVE State AR Zip Code 72753

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1293**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KENT ABNER

Mailing Address 1381 COLONEL HAWTHORN DRIVE

City State Zip Code
PRAIRIE GROVE AR 72753

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : **SB29.I1320**

Amount of Each Disbursement this Period

850.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. KENT ABNER

Mailing Address 1381 COLONEL HAWTHORN DRIVE

City State Zip Code
PRAIRIE GROVE AR 72753

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : **SB29.I1336**

Amount of Each Disbursement this Period

850.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. SHELLEY AHLERSMEYER

Mailing Address 84 POPLAR STREET

City State Zip Code
WARSAW IN 46582

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2015

Transaction ID : **SB29.I1226**

Amount of Each Disbursement this Period

3500.00

NON CONTRIBUTION ACCOUNT

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

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

5200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. SHELLEY AHLERSMEYER		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 84 POPLAR STREET		Transaction ID : SB29.I1245
City WARSAW	State IN	
Purpose of Disbursement PAC GRASSROOTS CONSULTING		Amount of Each Disbursement this Period 3500.00
Candidate Name		NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SHELLEY AHLERSMEYER		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 84 POPLAR STREET		Transaction ID : SB29.I1260
City WARSAW	State IN	
Purpose of Disbursement PAC GRASSROOTS CONSULTING		Amount of Each Disbursement this Period 3500.00
Candidate Name		NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SHELLEY AHLERSMEYER		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 84 POPLAR STREET		Transaction ID : SB29.I1286
City WARSAW	State IN	
Purpose of Disbursement PAC GRASSROOTS CONSULTING		Amount of Each Disbursement this Period 3500.00
Candidate Name		NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	10500.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. SHELLEY AHLERSMEYER

Date of Disbursement
MM / DD / YYYY
05 / 14 / 2015

Mailing Address 84 POPLAR STREET

City WARSAW State IN Zip Code 46582

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

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

State: District:

Transaction ID : **SB29.I1313**

Amount of Each Disbursement this Period
1750.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. VIRGINIA DAVIS

Date of Disbursement
MM / DD / YYYY
06 / 18 / 2015

Mailing Address 10 HATHAWAY CIRCLE

City WYNNEWOOD State PA Zip Code 19096

Purpose of Disbursement
PAC COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Transaction ID : **SB29.I1334**

Amount of Each Disbursement this Period
1000.00

NON CONTRIBUTION ACCOUNT

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

Date of Disbursement
MM / DD / YYYY
02 / 13 / 2015

Mailing Address 4400 N. HOLIDAY HILL ROAD
#722

City MIDLAND State TX Zip Code 79707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

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

State: District:

Transaction ID : **SB29.I1250**

Amount of Each Disbursement this Period
425.00

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3175.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. DIANA DOMINGUEZ

Mailing Address 4400 N. HOLIDAY HILL ROAD
#722

City MIDLAND State TX Zip Code 79707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : SB29.I1268

Amount of Each Disbursement this Period

200.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. MATT GARVER

Mailing Address 101 STEVENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Transaction ID : SB29.I1254

Amount of Each Disbursement this Period

1000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. MATT GARVER

Mailing Address 101 STEVENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : SB29.I1272

Amount of Each Disbursement this Period

1920.00

NON CONTRIBUTION ACCOUNT

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

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

3120.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. MATT GARVER

Mailing Address 101 STEVENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : **SB29.I1301**

Amount of Each Disbursement this Period

1580.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. MATT GARVER

Mailing Address 101 STEVENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : **SB29.I1308**

Amount of Each Disbursement this Period

960.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. NANCY GARVER

Mailing Address 101 STEPHENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC LOGISTICS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : **SB29.I1306**

Amount of Each Disbursement this Period

2000.00

NON CONTRIBUTION ACCOUNT

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

4540.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NANCY GARVER

Mailing Address 101 STEPHENS LANE

City VERONA State PA Zip Code 15147

Purpose of Disbursement
PAC LOGISTICS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I1307

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. TINA HENOLD

Mailing Address 1507 HAGLEY ROAD

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I1246

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. TINA HENOLD

Mailing Address 1507 HAGLEY ROAD

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I1264

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. TINA HENOLD

Mailing Address 1507 HAGLEY ROAD

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.I1290

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. TINA HENOLD

Mailing Address 1507 HAGLEY ROAD

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.I1316

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. JOHN KILE

Mailing Address 7820 CONTEE ROAD
APT 416

City LAUREL State MD Zip Code 20707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.I1248

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. JOHN KILE

Mailing Address 7820 CONTEE ROAD
APT 416

City LAUREL State MD Zip Code 20707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1266**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. JOHN KILE

Mailing Address 7820 CONTEE ROAD
APT 416

City LAUREL State MD Zip Code 20707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1292**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. JOHN KILE

Mailing Address 7820 CONTEE ROAD
APT 416

City LAUREL State MD Zip Code 20707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1317**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. JOHN KILE

Mailing Address 7820 CONTEE ROAD
APT 416

City LAUREL State MD Zip Code 20707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1335**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. JENNIFER KINNAIRD

Mailing Address 21015 VILLA VALENCIA

City SAN ANTONIO State TX Zip Code 78258

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1283**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. JENNIFER KINNAIRD

Mailing Address 21015 VILLA VALENCIA

City SAN ANTONIO State TX Zip Code 78258

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1296**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER KINNAIRD

Mailing Address 21015 VILLA VALENCIA

City SAN ANTONIO State TX Zip Code 78258

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : **SB29.I1322**

Amount of Each Disbursement this Period

425.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. JENNIFER KINNAIRD

Mailing Address 21015 VILLA VALENCIA

City SAN ANTONIO State TX Zip Code 78258

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : **SB29.I1337**

Amount of Each Disbursement this Period

425.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. JENNIFER LEE

Mailing Address 55 HARRIS ROAD EXT

City SALEM State CT Zip Code 06420

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 26 / 2015

Transaction ID : **SB29.I1235**

Amount of Each Disbursement this Period

2000.00

NON CONTRIBUTION ACCOUNT

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

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

2850.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER LEE

Mailing Address 55 HARRIS ROAD EXT

City SALEM State CT Zip Code 06420

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : **SB29.I1244**

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. JENNIFER LEE

Mailing Address 55 HARRIS ROAD EXT

City SALEM State CT Zip Code 06420

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : **SB29.I1261**

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. JENNIFER LEE

Mailing Address 55 HARRIS ROAD EXT

City SALEM State CT Zip Code 06420

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : **SB29.I1287**

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER LEE

Mailing Address 55 HARRIS ROAD EXT

City SALEM State CT Zip Code 06420

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : **SB29.I1323**

Amount of Each Disbursement this Period

250.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. DEBBI LEHARDY

Mailing Address DEBBIE LEHARDY & CO, LLC
2440 N. EDGEWOOD STREET

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : **SB29.I1253**

Amount of Each Disbursement this Period

7500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. DEBBI LEHARDY

Mailing Address DEBBIE LEHARDY & CO, LLC
2440 N. EDGEWOOD STREET

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : **SB29.I1275**

Amount of Each Disbursement this Period

7500.00

NON CONTRIBUTION ACCOUNT

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

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

15250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. DEBBI LEHARDY

Mailing Address **DEBBIE LEHARDY & CO, LLC
2440 N. EDGEWOOD STREET**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I1304

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. DEBBI LEHARDY

Mailing Address **DEBBIE LEHARDY & CO, LLC
2440 N. EDGEWOOD STREET**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I1324

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. NADINE MAENZA

Mailing Address **315 FOXTAIL LANE**

City **SPRING CITY** State **PA** Zip Code **19475**

Purpose of Disbursement
PAC MANAGEMENT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.I1228

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. NADINE MAENZA		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 315 FOXTAIL LANE		Transaction ID : SB29.I1239
City SPRING CITY	State PA	
Zip Code 19475	Purpose of Disbursement PAC MANAGEMENT & FUNDRAISING CONSULTING	Amount of Each Disbursement this Period 2650.00
Candidate Name	Category/Type	NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NADINE MAENZA		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 315 FOXTAIL LANE		Transaction ID : SB29.I1276
City SPRING CITY	State PA	
Zip Code 19475	Purpose of Disbursement PAC MANAGEMENT & FUNDRAISING CONSULTING	Amount of Each Disbursement this Period 4800.00
Candidate Name	Category/Type	NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NADINE MAENZA		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 315 FOXTAIL LANE		Transaction ID : SB29.I1305
City SPRING CITY	State PA	
Zip Code 19475	Purpose of Disbursement PAC MANAGEMENT & FUNDRAISING CONSULTING	Amount of Each Disbursement this Period 3950.00
Candidate Name	Category/Type	NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	11400.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MANAGEMENT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1309**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MANAGEMENT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1331**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. AMANDA MCCORMICK

Mailing Address 102 S. VALLEY CMN

City MADISON State MS Zip Code 39110

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1256**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMANDA MCCORMICK

Mailing Address 102 S. VALLEY CMN

City MADISON State MS Zip Code 39110

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : **SB29.I1263**

Amount of Each Disbursement this Period

1500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. AMANDA MCCORMICK

Mailing Address 102 S. VALLEY CMN

City MADISON State MS Zip Code 39110

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : **SB29.I1289**

Amount of Each Disbursement this Period

1500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. AMANDA MCCORMICK

Mailing Address 102 S. VALLEY CMN

City MADISON State MS Zip Code 39110

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : **SB29.I1315**

Amount of Each Disbursement this Period

750.00

NON CONTRIBUTION ACCOUNT

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

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

3750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ANGELA MOORE

Mailing Address 5734 W. CO RD 450 S

City State Zip Code
KNIGHTSTOWN IN 46148

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : **SB29.I1333**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. HILLARY A. PATE

Mailing Address 2001 RUSH ST, #2213

City State Zip Code
FRANKLIN TN 37067

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

Transaction ID : **SB29.I1282**

Amount of Each Disbursement this Period

4	2	5	0	0	0	0	0	0	0

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CARI ELIZABETH PEMBERTON

Mailing Address 12944 TRAVIS STREET

City State Zip Code
OVERLAND PARK KS 66209

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB29.I1236**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

NON CONTRIBUTION ACCOUNT

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

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

3	4	2	5	0	0	0	0	0	0

3	4	2	5	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CARI ELIZABETH PEMBERTON

Mailing Address 12944 TRAVIS STREET

City OVERLAND PARK State KS Zip Code 66209

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.I1243

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. CARI ELIZABETH PEMBERTON

Mailing Address 12944 TRAVIS STREET

City OVERLAND PARK State KS Zip Code 66209

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.I1262

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CARI ELIZABETH PEMBERTON

Mailing Address 12944 TRAVIS STREET

City OVERLAND PARK State KS Zip Code 66209

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.I1288

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CARI ELIZABETH PEMBERTON

Mailing Address 12944 TRAVIS STREET

City OVERLAND PARK State KS Zip Code 66209

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : **SB29.I1314**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. AMY W. PETRAGLIA

Mailing Address 8623 LEXINGTON PLACE

City WEXFORD State PA Zip Code 15090

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : **SB29.I1280**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. DARLENE RAIMONDI

Mailing Address 938 CONGRESS COURT

City CASSELBERRY State FL Zip Code 32707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : **SB29.I1251**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. DARLENE RAIMONDI

Mailing Address 938 CONGRESS COURT

City State Zip Code
CASSELBERRY FL 32707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1269**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. DARLENE RAIMONDI

Mailing Address 938 CONGRESS COURT

City State Zip Code
CASSELBERRY FL 32707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1294**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. DARLENE RAIMONDI

Mailing Address 938 CONGRESS COURT

City State Zip Code
CASSELBERRY FL 32707

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1328**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. DARLENE RAIMONDI		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address 938 CONGRESS COURT		Transaction ID : SB29.I1332
City CASSELBERRY	State FL	
Purpose of Disbursement PAC GRASSROOTS CONSULTING		Amount of Each Disbursement this Period 650.00
Candidate Name		NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SANDRA RINKER		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 911 LOVICK STREET		Transaction ID : SB29.I1277
City COLUMBUS	State GA	
Purpose of Disbursement PAC GRASSROOTS CONSULTING		Amount of Each Disbursement this Period 850.00
Candidate Name		NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SANDRA RINKER		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 911 LOVICK STREET		Transaction ID : SB29.I1295
City COLUMBUS	State GA	
Purpose of Disbursement PAC GRASSROOTS CONSULTING		Amount of Each Disbursement this Period 850.00
Candidate Name		NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	2350.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SANDRA RINKER

Mailing Address 911 LOVICK STREET

City COLUMBUS State GA Zip Code 31904

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SB29.I1321

Amount of Each Disbursement this Period

425.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. ELIZABETH SANTORUM

Mailing Address P.O. BOX 609

City GREAT FALLS State VA Zip Code 22066

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2015

Transaction ID : SB29.I1230

Amount of Each Disbursement this Period

1250.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. ELIZABETH SANTORUM

Mailing Address P.O. BOX 609

City GREAT FALLS State VA Zip Code 22066

Purpose of Disbursement
PAC ADMINSTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SB29.I1242

Amount of Each Disbursement this Period

1325.00

NON CONTRIBUTION ACCOUNT

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH SANTORUM		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address P.O. BOX 609		Transaction ID : SB29.I1273
City GREAT FALLS	State VA	
Zip Code 22066	Purpose of Disbursement PAC ADMINSTRATIVE CONSULTING	Amount of Each Disbursement this Period 2400.00
Candidate Name	Category/Type	NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ELIZABETH SANTORUM		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address P.O. BOX 609		Transaction ID : SB29.I1302
City GREAT FALLS	State VA	
Zip Code 22066	Purpose of Disbursement PAC ADMINSTRATIVE CONSULTING	Amount of Each Disbursement this Period 1975.00
Candidate Name	Category/Type	NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAREY D. SIRIANNI		Date of Disbursement MM / DD / YYYY 03 / 20 / 2015
Mailing Address 77 STONEDALE RD		Transaction ID : SB29.I1281
City SEWICKLEY	State PA	
Zip Code 15143	Purpose of Disbursement PAC GRASSROOTS CONSULTING	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/Type	NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5625.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. VAL SOMMERVILLE

Mailing Address 105 11TH STREET, NE

City MASSILLON State OH Zip Code 44646

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
02 / 13 / 2015

Transaction ID : SB29.I1252

Amount of Each Disbursement this Period

850.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. VAL SOMMERVILLE

Mailing Address 105 11TH STREET, NE

City MASSILLON State OH Zip Code 44646

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
05 / 14 / 2015

Transaction ID : SB29.I1318

Amount of Each Disbursement this Period

750.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. VAL SOMMERVILLE

Mailing Address 105 11TH STREET, NE

City MASSILLON State OH Zip Code 44646

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
03 / 06 / 2015

Transaction ID : SB29.I1352

Amount of Each Disbursement this Period

1500.00

NON CONTRIBUTION ACCOUNT

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

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

3100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. VAL SOMMERVILLE

Mailing Address 105 11TH STREET, NE

City MASSILLON State OH Zip Code 44646

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : SB29.I1353

Amount of Each Disbursement this Period

1500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. EMILY ZIARKO

Mailing Address 314 N. CLAYPOOL ROAD

City MUNCIE State IN Zip Code 47303

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SB29.I1247

Amount of Each Disbursement this Period

1250.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. EMILY ZIARKO

Mailing Address 314 N. CLAYPOOL ROAD

City MUNCIE State IN Zip Code 47303

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SB29.I1265

Amount of Each Disbursement this Period

1250.00

NON CONTRIBUTION ACCOUNT

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. EMILY ZIARKO		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 314 N. CLAYPOOL ROAD		Transaction ID : SB29.I1291
City MUNCIE	State IN	
Zip Code 47303	Purpose of Disbursement PAC GRASSROOTS CONSULTING	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/Type	NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EMILY ZIARKO		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 314 N. CLAYPOOL ROAD		Transaction ID : SB29.I1319
City MUNCIE	State IN	
Zip Code 47303	Purpose of Disbursement PAC GRASSROOTS CONSULTING	Amount of Each Disbursement this Period 625.00
Candidate Name	Category/Type	NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 150 N. COLLEGE STREET		Transaction ID : SB29.I1354
City CHARLOTTE	State NC	
Zip Code 28202	Purpose of Disbursement PAC CREDIT CARD & MERCHANT FEE	Amount of Each Disbursement this Period 413.09
Candidate Name	Category/Type	NON CONTRIBUTION ACCOUNT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2288.09
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2015

Transaction ID : **SB29.I1359**

Amount of Each Disbursement this Period

267.91

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I1365**

Amount of Each Disbursement this Period

335.03

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : **SB29.I1370**

Amount of Each Disbursement this Period

389.71

NON CONTRIBUTION ACCOUNT

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

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

992.65

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1374**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1377**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CAPITOL RESOURCE GROUP

Mailing Address P.O. BOX 194

City WAYNE State PA Zip Code 19087

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1231**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CAPITOL RESOURCE GROUP

Mailing Address P.O. BOX 194

City WAYNE State PA Zip Code 19087

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SB29.I1338

Amount of Each Disbursement this Period

6625.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. CAPITOL RESOURCE GROUP

Mailing Address P.O. BOX 194

City WAYNE State PA Zip Code 19087

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SB29.I1339

Amount of Each Disbursement this Period

12000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CAPITOL RESOURCE GROUP

Mailing Address P.O. BOX 194

City WAYNE State PA Zip Code 19087

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : SB29.I1340

Amount of Each Disbursement this Period

9875.00

NON CONTRIBUTION ACCOUNT

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

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

28500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CAPITOL RESOURCE GROUP

Mailing Address P.O. BOX 194

City WAYNE State PA Zip Code 19087

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : **SB29.I1341**

Amount of Each Disbursement this Period

6250.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT, CONTRIBUTION PROCESSING & EMAILS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2015

Transaction ID : **SB29.I1232**

Amount of Each Disbursement this Period

219.24

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT, CONTRIBUTION PROCESSING & EMAILS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : **SB29.I1237**

Amount of Each Disbursement this Period

2102.60

NON CONTRIBUTION ACCOUNT

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

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

8571.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT & CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SB29.I1257

Amount of Each Disbursement this Period

240.99

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT, CONTRIBUTION PROCESSING &
EMAILS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : SB29.I1284

Amount of Each Disbursement this Period

328.59

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT, CONTRIBUTION PROCESSING &
EMAILS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SB29.I1325

Amount of Each Disbursement this Period

576.47

NON CONTRIBUTION ACCOUNT

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

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

1146.05

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT, CONTRIBUTION PROCESSING &
EMAILS
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
0	5		0	1		2	0	1	5

Transaction ID : **SB29.I1329**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
PAC GRASSROOTS CONSULTING
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
0	1		1	9		2	0	1	5

Transaction ID : **SB29.I1227**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
PAC GRASSROOTS CONSULTING
Candidate Name

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
0	2		1	3		2	0	1	5

Transaction ID : **SB29.I1241**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1270**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1297**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1312**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FIDELIS GOVERNMENT RELATIONS

Mailing Address P.O. BOX 522

City State Zip Code
FAIRFAX VA 22038

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1279**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. FIDELIS GOVERNMENT RELATIONS

Mailing Address P.O. BOX 522

City State Zip Code
FAIRFAX VA 22038

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1298**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. FIDELIS GOVERNMENT RELATIONS

Mailing Address P.O. BOX 522

City State Zip Code
FAIRFAX VA 22038

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1311**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : **SB29.I1356**

Amount of Each Disbursement this Period

223.38

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **SB29.I1361**

Amount of Each Disbursement this Period

189.83

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2015

Transaction ID : **SB29.I1367**

Amount of Each Disbursement this Period

162.63

NON CONTRIBUTION ACCOUNT

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

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

575.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 14 / 2015

Transaction ID : **SB29.I1372**

Amount of Each Disbursement this Period: 166.92

Category/Type

NON CONTRIBUTION ACCOUNT

B. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2015

Transaction ID : **SB29.I1376**

Amount of Each Disbursement this Period: 128.00

Category/Type

NON CONTRIBUTION ACCOUNT

C. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 12 / 2015

Transaction ID : **SB29.I1379**

Amount of Each Disbursement this Period: 87.38

Category/Type

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ▶ 382.30

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FOLEY & LARDNER

Mailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
PAC LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1258**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. FOLEY & LARDNER

Mailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
PAC LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1326**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1357**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1364**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1369**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1373**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKEETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : **SB29.I1381**

Amount of Each Disbursement this Period

4850.33

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INNOVATIVE CONSULTING SOLUTIONS, LLC

Mailing Address 645 HOLLAND CIRCLE

City COLUMBIA State SC Zip Code 29169

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : **SB29.I1278**

Amount of Each Disbursement this Period

5000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. INNOVATIVE CONSULTING SOLUTIONS, LLC

Mailing Address 645 HOLLAND CIRCLE

City COLUMBIA State SC Zip Code 29169

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : **SB29.I1299**

Amount of Each Disbursement this Period

5000.00

NON CONTRIBUTION ACCOUNT

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

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

14850.33

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2015

Transaction ID : **SB29.I1233**

Amount of Each Disbursement this Period

4184.28

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : **SB29.I1238**

Amount of Each Disbursement this Period

2798.82

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : **SB29.I1259**

Amount of Each Disbursement this Period

4140.00

NON CONTRIBUTION ACCOUNT

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

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

11123.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : **SB29.I1285**

Amount of Each Disbursement this Period

3185.79

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : **SB29.I1327**

Amount of Each Disbursement this Period

3261.60

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : **SB29.I1330**

Amount of Each Disbursement this Period

1722.00

NON CONTRIBUTION ACCOUNT

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

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

8169.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. MADISON STRATEGIC VENTURES, LLC

Mailing Address 8270 GREENSBORO DRIVE
SUITE 810

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
PAC COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1234**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. MADISON STRATEGIC VENTURES, LLC

Mailing Address 8270 GREENSBORO DRIVE
SUITE 810

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
PAC COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1255**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. MADISON STRATEGIC VENTURES, LLC

Mailing Address 8270 GREENSBORO DRIVE
SUITE 810

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
PAC COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1271**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MADISON STRATEGIC VENTURES, LLC

Mailing Address 8270 GREENSBORO DRIVE
SUITE 810

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement PAC COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 15 / 2015

Transaction ID : **SB29.I1300**

Amount of Each Disbursement this Period: 2000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MADISON STRATEGIC VENTURES, LLC

Mailing Address 8270 GREENSBORO DRIVE
SUITE 810

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement PAC COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 14 / 2015

Transaction ID : **SB29.I1310**

Amount of Each Disbursement this Period: 1000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. OKLAHOMA REPUBLICAN PARTY

Mailing Address 4031 N LINCOLN BLVD

City OKLAHOMA CITY State OK Zip Code 73105

Purpose of Disbursement PAC CONVENTION FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 10 / 2015

Transaction ID : **SB29.I1342**

Amount of Each Disbursement this Period: 250.00

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement DONATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 12 / 2015

Transaction ID : **SB29.I1343**

Amount of Each Disbursement this Period: 100000.00

Category/Type

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement DONATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 23 / 2015

Transaction ID : **SB29.I1344**

Amount of Each Disbursement this Period: 100000.00

Category/Type

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement DONATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 27 / 2015

Transaction ID : **SB29.I1345**

Amount of Each Disbursement this Period: 25000.00

Category/Type

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ▶ 225000.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement
DONATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1346**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. ROY C. JONES, CFRE, LLC

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1229**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. ROY C. JONES, CFRE, LLC

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I1240**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ROY C. JONES, CFRE, LLC

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : **SB29.I1274**

Amount of Each Disbursement this Period

3600.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. ROY C. JONES, CFRE, LLC

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : **SB29.I1303**

Amount of Each Disbursement this Period

2962.50

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

6562.50

652772.28

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 89 OF 92
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NADINE MAENZA	Nature of Debt (Purpose): MANAGEMENT & FUNDRAISING CONSULTING
Mailing Address 315 FOXTAIL LANE	
City State Zip Code SPRING CITY PA 19475	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.60105	
Amount Incurred This Period 20000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRABENDER COX LLC	Nature of Debt (Purpose): IE - MEDIA PRODUCTION
Mailing Address 1218 GRANDVIEW AVENUE	
City State Zip Code PITTSBURGH PA 15211	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.60100	
Amount Incurred This Period 3250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRABENDER COX LLC	Nature of Debt (Purpose): MEDIA PRODUCTION
Mailing Address 1218 GRANDVIEW AVENUE	
City State Zip Code PITTSBURGH PA 15211	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.60101	
Amount Incurred This Period 3250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3250.00

1) SUBTOTALS This Period This Page (optional)..... ▶	26500.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 92
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CMDI	Nature of Debt (Purpose): EMAIL COMM, DATABASE, CONTRIB PROCESSING
Mailing Address 1593 SPRING HILL ROAD SUITE 400	
City State Zip Code TYSONS CORNER VA 22182	

Outstanding Balance Beginning This Period <input type="text" value="2577.50"/>	Transaction ID : SD10.60102	
Amount Incurred This Period <input type="text" value="1532.69"/>	Payment This Period <input type="text" value="1179.41"/>	Outstanding Balance at Close of This Period <input type="text" value="2930.78"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HSP DIRECT	Nature of Debt (Purpose): DIRECT MAIL
Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300	
City State Zip Code ASHBURN VA 20147	

Outstanding Balance Beginning This Period <input type="text" value="23882.44"/>	Transaction ID : SD10.60103	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="19870.70"/>	Outstanding Balance at Close of This Period <input type="text" value="4011.74"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUNRISE DATA SERVICES	Nature of Debt (Purpose): LIST EXPENSE
Mailing Address 44845 FALCON PLACE SUITE 101A	
City State Zip Code DULLES VA 20166	

Outstanding Balance Beginning This Period <input type="text" value="1550.00"/>	Transaction ID : SD10.60104	
Amount Incurred This Period <input type="text" value="2660.00"/>	Payment This Period <input type="text" value="720.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3490.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="10432.52"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="36932.52"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="36932.52"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
CMDI
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
4/13/15 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
HILLARY CLINTON
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
3658.20

Date of Public Distribution/Dissemination
04 / 13 / 2015
Amount
408.20
Transaction ID : SE.00001
Date of Disbursement or Obligation
05 / 01 / 2015
Office Sought:
House
Senate
President
State:
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
BRABENDER COX LLC
MEMO ITEM
Mailing Address
1218GRANDVIEW AVENUE
City
PITTSBURGH
State
PA
Zip Code
15211
Purpose of Expenditure
4/13/15 MEDIA PRODUCTION
Category/Type
Name of Federal Candidate
HILLARY CLINTON
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
3658.20

Date of Public Distribution/Dissemination
04 / 13 / 2015
Amount
3250.00
Transaction ID : SE.00002
Date of Disbursement or Obligation
Office Sought:
House
Senate
President
State:
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 408.20, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

NADINE MAENZA
[Electronically Filed]
Date 07 / 31 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ C C00528307
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee CMDI NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 6.37
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.00003 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2015
Purpose of Expenditure 12/2/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Bill Cassidy	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff 12.74

Full Name of Payee CMDI NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 06 / 2012
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 6.37
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.00004 Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2015
Purpose of Expenditure 12/6/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Bill Cassidy	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff 12.74

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12.74
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	420.94

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Nadine Maenza [Electronically Filed] Date MM / DD / YYYY
07 / 31 / 2015