

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.
PATRIOT VOICES PAC

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

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

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

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Nadine Maenza

Signature of Treasurer Nadine Maenza [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PATRIOT VOICES PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		35337.65
(b) Cash on Hand at Beginning of Reporting Period.....	35337.65	
(c) Total Receipts (from Line 19)	38814.25	38814.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74151.90	74151.90
7. Total Disbursements (from Line 31).....	58793.46	58793.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15358.44	15358.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	57150.35	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

PATRIOT VOICES PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	300.00	300.00
(ii) Unitemized	4642.00	4642.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4942.00	4942.00
(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)	4942.00	4942.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	33872.25	33872.25
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))..... ▶	38814.25	38814.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38814.25	38814.25

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	16378.07	16378.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16378.07	16378.07
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)	3476.22	3476.22
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	38939.17	38939.17
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)) ..	58793.46	58793.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58793.46	58793.46

DETAILED SUMMARY PAGE
of Disbursements

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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)	4942.00	4942.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4942.00	4942.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	16378.07	16378.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	16378.07	16378.07

**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 18
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. CHARLES EBROM
Full Name (Last, First, Middle Initial)
Mailing Address 213 SHEFFIELD
City SAN ANTONIO State TX Zip Code 78213-2600
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation C.P.A.
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 / 06 / 2014
Transaction ID : SA11.74122
Amount of Each Receipt this Period
300.00
CONTRIBUTION

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).....▶	300.00
TOTAL This Period (last page this line number only).....▶	300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<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. DANA L. BRANAM		Date of Receipt MM / DD / YYYY 01 / 15 / 2014
Mailing Address 9117 RIPLEY RD		Transaction ID : SA11.78152
City ATHENS	State AL	Zip Code 35611-7830
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 230.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. DONALD E. HINES		Date of Receipt MM / DD / YYYY 01 / 30 / 2014
Mailing Address 8172 E GALINDA DR		Transaction ID : SA11.78153
City TUCSON	State AZ	Zip Code 85750-2419
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 230.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. ALICE O. LEBEWOHL		Date of Receipt MM / DD / YYYY 01 / 17 / 2014
Mailing Address 5500 CALLE REAL BLDG A129 APT A-129		Transaction ID : SA11.78157
City SANTA BARBARA	State CA	Zip Code 93111-1692
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	660.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<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. ALICE O. LEBEWOHL
Full Name (Last, First, Middle Initial)

Mailing Address 5500 CALLE REAL BLDG A129
APT A-129

City SANTA BARBARA State CA Zip Code 93111-1692

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11.78159

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. GLENDA PERRYMAN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 59

City BRENHAM State TX Zip Code 77834-0059

FEC ID number of contributing federal political committee.

Name of Employer INTERPLACE DESIGN INC. Occupation INTERIOR DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11.78160

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. CYNTHIA L. SHINE
Full Name (Last, First, Middle Initial)

Mailing Address 6026 JEREME TRL

City DALLAS State TX Zip Code 75252-5138

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA11.77620

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="530.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<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. CYNTHIA L. SHINE		Date of Receipt MM / DD / YYYY 01 / 31 / 2014 Transaction ID : SA11.78130
Mailing Address 6026 JEREME TRL		Amount of Each Receipt this Period 130.00
City DALLAS	State TX	Zip Code 75252-5138
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. MS. JANET SOPPE		Date of Receipt MM / DD / YYYY 01 / 24 / 2014 Transaction ID : SA11.78000
Mailing Address 3636 SHADY BROOK DR		Amount of Each Receipt this Period 50.00
City BEDFORD	State TX	Zip Code 76021-2316
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MS. JANET SOPPE		Date of Receipt MM / DD / YYYY 01 / 02 / 2014 Transaction ID : SA11.78142
Mailing Address 3636 SHADY BROOK DR		Amount of Each Receipt this Period 200.00
City BEDFORD	State TX	Zip Code 76021-2316
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 18
(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. CHINOOK ORCHARDS, INC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 246
 City BREWSTER State WA Zip Code 98812-0246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : SA11.78398
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	2070.00

**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. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MGMT & CAGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2014

Transaction ID : SB21B.I705

Amount of Each Disbursement this Period

907.89

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : SB21B.I702

Amount of Each Disbursement this Period

163.77

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : SB21B.I707

Amount of Each Disbursement this Period

60.33

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

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

1131.99

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECT

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 10 / 2014

Transaction ID : SB21B.I706

Amount of Each Disbursement this Period

15096.88

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 / D D / Y Y Y Y Y Y

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 / 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)..... ▶

15096.88

16228.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 06 / 2014

Transaction ID : SB29.I715

Amount of Each Disbursement this Period

726.74

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SB29.I717

Amount of Each Disbursement this Period

299.77

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : SB29.I710

Amount of Each Disbursement this Period

37020.33

NON-CONTRIBUTION ACCOUNT

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

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

38046.84

**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

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. 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 / D D / Y Y Y Y Y Y
01 / 28 / 2014

Transaction ID : SB29.I714

Amount of Each Disbursement this Period

750.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / 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)..... ▶

750.00

38796.84

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ACTIVE ENGAGEMENT	Nature of Debt (Purpose): EMAIL COMMUNICATION
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350	
City State Zip Code LANSDOWNE VA 20176	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD.j1001	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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

Outstanding Balance Beginning This Period 4434.51	Transaction ID : SD.j1002	
Amount Incurred This Period 2982.14	Payment This Period 907.89	Outstanding Balance at Close of This Period 6508.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLON & COMPANY	Nature of Debt (Purpose): MAILING
Mailing Address 3405 EDLOE SUITE 205A	
City State Zip Code HOUSTON TX 77027	

Outstanding Balance Beginning This Period 2548.22	Transaction ID : SD.j1003	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2548.22

1) SUBTOTALS This Period This Page (optional)..... ▶	10056.98
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 16 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KOCH & HOOS	Nature of Debt (Purpose): ACCOUNTING & COMPLIANCE SERVICES
Mailing Address 901 N. WASHINGTON STREET SUITE 700	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 1275.75	Transaction ID : SD.j1004	
Amount Incurred This Period 2625.00	Payment This Period 750.00	Outstanding Balance at Close of This Period 3150.75

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

Outstanding Balance Beginning This Period 5833.12	Transaction ID : SD.j1005	
Amount Incurred This Period 0.00	Payment This Period 3476.22	Outstanding Balance at Close of This Period 2356.90

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

Outstanding Balance Beginning This Period 36049.28	Transaction ID : SD.j1006	
Amount Incurred This Period 20633.32	Payment This Period 15096.88	Outstanding Balance at Close of This Period 41585.72

1) SUBTOTALS This Period This Page (optional)..... ▶	47093.37
2) TOTALS This Period (last page this line number only)..... ▶	57150.35
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	57150.35

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ C C00528307
--	--

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee HSP DIRECT		Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 10 / 25 / 2013	
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450		Amount <input type="text" value="997.76"/>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SE24.j1001
Purpose of Expenditure 10/25/13 DIRECT MAIL	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 01 / 10 / 2014	
Name of Federal Candidate MARK UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="4115.78"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee HSP DIRECT		Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 10 / 25 / 2013	
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450		Amount <input type="text" value="2417.68"/>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SE24.j1002
Purpose of Expenditure 10/25/13 DIRECT MAIL	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 01 / 10 / 2014	
Name of Federal Candidate TOM UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="4115.78"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="3415.44"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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

Nadine Maenza
Signature

[Electronically Filed]

Date 02 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee HSP DIRECT	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2013
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450	Amount 60.78
City: HERNDON State: VA Zip Code: 20171	Transaction ID : SE24.j1003
Purpose of Expenditure 10/25/13 DIRECT MAIL	Date of Disbursement or Obligation MM / DD / YYYY 01 / 10 / 2014
Name of Federal Candidate MARK WARNER	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
4115.78	

Full Name of Payee	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount
City: _____ State: _____ Zip Code: _____	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60.78
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3476.22

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

Nadine Maenza
Signature

[Electronically Filed]

Date **02 / 20 / 2014**