

**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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528307

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  
05 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2016

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  
06 17 2016

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PATRIOT VOICES PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 05 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 05 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		9065.86
(b) Cash on Hand at Beginning of Reporting Period.....	6621.19	
(c) Total Receipts (from Line 19) .....	7641.00	22741.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14262.19	31806.86
7. Total Disbursements (from Line 31) .....	8908.24	26452.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5353.95	5353.95
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	39818.60	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**PATRIOT VOICES PAC**

Report Covering the Period:

From:

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

To:

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

**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).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

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 Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

0.00

0.00

## 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.).....

7641.00

22741.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7641.00

22741.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

7641.00

22741.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	302.00	1011.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	302.00	1011.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	8606.24	25441.69
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)) ..	8908.24	26452.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8908.24	26452.91

**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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	302.00	1011.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	302.00	1011.22

# **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 12  
(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**

<b>A. MR. WALTER C BURMEISTER</b> 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. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>			Date of Receipt <input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2016"/> <b>Transaction ID : SA17.1076197</b> Amount of Each Receipt this Period <input type="text" value="150.00"/> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  <b>NON CONTRIBUTION ACCOUNT</b>
<b>B. MR. DAVID A. KOENEN</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 486 City LATIMER State IA Zip Code 50452-0486 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>			Date of Receipt <input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2016"/> <b>Transaction ID : SA17.1076357</b> Amount of Each Receipt this Period <input type="text" value="50.00"/> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  <b>NON CONTRIBUTION ACCOUNT</b>
<b>C. MS. MARGARET L. PAYNE</b> Full Name (Last, First, Middle Initial) Mailing Address 181 HARWICH PL City VALLEJO State CA Zip Code 94591-7857 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>			Date of Receipt <input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2016"/> <b>Transaction ID : SA17.1076360</b> Amount of Each Receipt this Period <input type="text" value="100.00"/> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  <b>NON CONTRIBUTION ACCOUNT</b>
<b>SUBTOTAL of Receipts This Page (optional).....</b>			<input type="text" value="300.00"/>
<b>TOTAL This Period (last page this line number only).....</b>			<input type="text" value="300.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2016

Transaction ID : SB21B.I1515

Amount of Each Disbursement this Period

250.00

☐ Memo Item**B. 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 FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2016

Transaction ID : SB21B.I1513

Amount of Each Disbursement this Period

52.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

☐ Memo Item

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

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

302.00

302.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

<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	State	Zip Code
CHARLOTTE	NC	28202

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB29.I1507

Amount of Each Disbursement this Period

155.48
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☐ Memo Item

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
PAC DATABASE MANAGEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2016

Transaction ID : SB29.I1514

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. FIRSTMERIT BANK**

Mailing Address 295 FIRSTMERIT CIRCLE

City	State	Zip Code
AKRON	OH	44307

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2016

Transaction ID : SB29.I1509

Amount of Each Disbursement this Period

115.81
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☐ Memo Item

NON CONTRIBUTION ACCOUNT

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

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

521.29
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

<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

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

**Transaction ID : SB29.I1510**

Amount of Each Disbursement this Period

8024.59
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☐ Memo Item

NON CONTRIBUTION ACCOUNT

**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

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☐ Memo Item**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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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8024.59
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8545.88
---------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 10 OF 12

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME 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

20000.00

Transaction ID : SD10.60106

Amount Incurred This Period

0.00

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

3250.00

Transaction ID : SD10.60100

Amount Incurred This Period

0.00

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

3250.00

Transaction ID : SD10.60101

Amount Incurred This Period

0.00

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 11 OF 12

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CMDI**

Nature of Debt (Purpose):

DATABASE & CONTRIBUTION  
PROCESSINGMailing Address 1593 SPRING HILL ROAD  
SUITE 400City State Zip Code  
TYSONS CORNER VA 22182

Outstanding Balance Beginning This Period

750.00

Transaction ID : SD10.60102

Amount Incurred This Period

250.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

500.00

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 300City State Zip Code  
ASHBURN VA 20147

Outstanding Balance Beginning This Period

3549.15

Transaction ID : SD10.60103

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3549.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**KOCH & HOOS LLC**

Nature of Debt (Purpose):

COMPLIANCE CONSULTING

Mailing Address 901 N. WASHINGTON STREET  
SUITE 700City State Zip Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.60104

Amount Incurred This Period

4950.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4950.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

8999.15

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 12 OF 12

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SUNRISE DATA SERVICES**Nature of Debt (Purpose):  
LIST EXPENSEMailing Address 44845 FALCON PLACE  
SUITE 101ACity State Zip Code  
DULLES VA 20166

Outstanding Balance Beginning This Period

4319.45

Transaction ID : SD10.60105

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4319.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

4319.45

2) **TOTALS** This Period (last page this line number only)..... ►

39818.60

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) ►

39818.60