

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 / / 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 09 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Maenza, Nadine, , ,
Type or Print Name of Treasurer

Signature of Treasurer Maenza, Nadine, , , [Electronically Filed] Date 10 / 19 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="9065.86"/> | <input type="text" value="9065.86"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="4217.81"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="25439.50"/> | <input type="text" value="57097.50"/> |
| (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="29657.31"/> | <input type="text" value="66163.36"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="5428.85"/> | <input type="text" value="41934.90"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="24228.46"/> | <input type="text" value="24228.46"/> |
| 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="57696.28"/> | |

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: 09 / 01 / 2016 To: 09 / 30 / 2016

| 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)..... | 9258.00 | 9358.00 |
| (ii) Unitemized | 12045.00 | 13015.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 21303.00 | 22373.00 |
| (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) | 21303.00 | 22373.00 |
| 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.)..... | 4136.50 | 34724.50 |
| 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)).....▶ | 25439.50 | 57097.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 25439.50 | 57097.50 |

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 | 665.95 | 2864.05 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 665.95 | 2864.05 |
| 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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations)..... | 4762.90 | 39070.85 |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) .. | 5428.85 | 41934.90 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5428.85 | 41934.90 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 21303.00 | 22373.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21303.00 | 22373.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 665.95 | 2864.05 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 665.95 | 2864.05 |

**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 6 OF 20 |
| <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 |

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. BERNIER, GEORGE, M., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 S JOYCE ST.
 APT. 1516
 City ARLINGTON State VA Zip Code 22202-1857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VAN SCOYOC ASSOCIATES Occupation (for Individual) DIR., GOVT RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA11A.1077138
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. COBB, ELEANOR, L., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 S VISTA ST.
 City LOS ANGELES State CA Zip Code 90036-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2016
Transaction ID : SA11A.1076949
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

C. COLE, ALLAN, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4561 WESTCHESTER LN.
 City PADUCAH State KY Zip Code 42003-8832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA11A.1077157
 Amount of Each Receipt this Period 208.00
 Memo Item CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 758.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 20 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. CRAGE, THOMAS, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 MASSACHUSETTS AVE.
 NW APT. 105
 City WASHINGTON State DC Zip Code 20005-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11A.1076837
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. CULPEPPER, ROBERT, C., DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 PARK PLACE DR.
 City ALEXANDRIA State LA Zip Code 71301-3947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PREMIER PEDIATRICS Occupation (for Individual) PEDIATRICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2016
Transaction ID : SA11A.1076909
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. DEMORE, ROSEMARY, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5220 MADISON ST.
 City SKOKIE State IL Zip Code 60077-2446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA11A.1077124
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 800.00 |
| 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 20 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. DEMPSEY, JERRY, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 DOMINICK CT
 City GREENVILLE State SC Zip Code 29605-3277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11A.1077238
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. GALLO, MARYJO L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 FIVE MILE RIVER ROAD
 City DARIEN State CT Zip Code 06820-6236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11A.1076816
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. LYONS, PATRICIA, J., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 SPINNAKER WAY
 City CORONADO State CA Zip Code 92118-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA11A.1077033
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5600.00 |
| 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 9 OF 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. POGODZINSKI, ANTHONY, E., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9609 MANITOU PARK DR.

| | | |
|------------------|-------------|--------------------|
| City MINOCQUA | State WI | Zip Code 54548- |
|------------------|-------------|--------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) RETIRED | Occupation (for Individual) RETIRED |
|--|--|

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 |
| 09 | | 27 | | 2016 |

Transaction ID : SA11A.1077109

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. ROWLAND, HERMAN, G., MR., SR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 JELLY BELLY LANE

| | | |
|-------------------|-------------|------------------------|
| City FAIRFIELD | State CA | Zip Code 94533-6722 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) JELLY BELLY CANDY COMPANY | Occupation (for Individual) CHAIRMAN OF THE BOARD |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2016 |

Transaction ID : SA11A.1077239

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. SMITH, MARLENE, W., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 DOUBLE SPRING RD.

| | | |
|----------------|-------------|--------------------|
| City SALUDA | State SC | Zip Code 29138- |
|----------------|-------------|--------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) RETIRED | Occupation (for Individual) 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 |
| 09 | | 27 | | 2016 |

Transaction ID : SA11A.1077023

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1650.00 |
| 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 10 OF 20 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THUNDER-HAAB, KETURAH, A., MS.,

Mailing Address 436 PINE BRAE ST.

| | | |
|-------------------|-------------|--------------------|
| City ANN ARBOR | State MI | Zip Code 48105- |
|-------------------|-------------|--------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) RETIRED | Occupation (for Individual) RETIRED |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2016 |

Transaction ID : SA11A.1077232

Amount of Each Receipt this Period
450.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 450.00 |
| TOTAL This Period (last page this line number only).....▶ | 9258.00 |

**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 11 OF 20 |
| <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. EDGERLY, LOIS, S., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 HIGHLAND ST.

| | | |
|-------------------|-------------|------------------------|
| City CAMBRIDGE | State MA | Zip Code 02138-2210 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) RETIRED | Occupation (for Individual) RETIRED |
|--|--|

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 |
| 09 | | 07 | | 2016 |

Transaction ID : SA17.1077337

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MIHAYLO, STEVE, G., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 19790

| | | |
|--------------|-------------|------------------------|
| City RENO | State NV | Zip Code 89511-2471 |
|--------------|-------------|------------------------|

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

| | |
|--|------------------------------------|
| Name of Employer (for Individual) IMERCHANT | Occupation (for Individual) CEO |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2016 |

Transaction ID : SA17.1077237

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| TOTAL This Period (last page this line number only)..... | 1050.00 |

**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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | | 2 | 9 | | 2 | 0 | 1 | 6 | | |

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE MANAGEMENT AND CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.I1539

Amount of Each Disbursement this Period

356.45

Memo Item

Full Name (Last, First, Middle Initial)

B. NATIONBUILDER

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | | 2 | 9 | | 2 | 0 | 1 | 6 | | |

Mailing Address 520 S. GRAND AVENUE
#200

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement
PAC EMAIL SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.I1540

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | | 0 | 1 | | 2 | 0 | 1 | 6 | | |

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:

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.I1541

Amount of Each Disbursement this Period

52.00

Memo Item

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

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

658.45

658.45

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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 | | Date of Disbursement MM / DD / YYYY 09 / 06 / 2016 |
| Mailing Address 150 N. COLLEGE STREET | | FEC Identification Number C [REDACTED] Transaction ID : SB29.I1544 Amount of Each Disbursement this Period [REDACTED] 86.78 NON CONTRIBUTION ACCOUNT <input type="checkbox"/> Memo Item |
| City CHARLOTTE | State NC | Zip Code 28202 |
| Purpose of Disbursement PAC CREDIT CARD & MERCHANT FEES | | Category/ Type [REDACTED] |
| Candidate Name | | |
| 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. FIRSTMERIT BANK | | Date of Disbursement MM / DD / YYYY 09 / 15 / 2016 |
| Mailing Address 295 FIRSTMERIT CIRCLE | | FEC Identification Number C [REDACTED] Transaction ID : SB29.I1546 Amount of Each Disbursement this Period [REDACTED] 88.83 NON CONTRIBUTION ACCOUNT <input type="checkbox"/> Memo Item |
| City AKRON | State OH | Zip Code 44307 |
| Purpose of Disbursement PAC BANK FEES | | Category/ Type [REDACTED] |
| Candidate Name | | |
| 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. INFOCISION | | Date of Disbursement MM / DD / YYYY 09 / 26 / 2016 |
| Mailing Address 325 SPRINGSIDE DRIVE | | FEC Identification Number C [REDACTED] Transaction ID : SB29.I1547 Amount of Each Disbursement this Period [REDACTED] 4545.81 NON CONTRIBUTION ACCOUNT <input type="checkbox"/> Memo Item |
| City AKRON | State OH | Zip Code 44333 |
| Purpose of Disbursement PAC TELEMARKETING | | Category/ Type [REDACTED] |
| Candidate Name | | |
| 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)..... ▶

[REDACTED] 4721.42

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

[REDACTED]

**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"/> 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. USA AEPAY

Full Name (Last, First, Middle Initial)

Mailing Address 4929 WILSHIRE BLVD
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB29.I1545

Amount of Each Disbursement this Period: 20.00

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) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

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) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

TOTAL This Period (last page this line number only)..... ▶ 4741.42

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 15 OF 20 |
| | 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 MAENZA, NADINE, , , | | | Nature of Debt (Purpose): MANAGEMENT & FUNDRAISING CONSULTING |
| Mailing Address 315 FOXTAIL LANE | | | |
| City SPRING CITY | State PA | Zip Code 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 PITTSBURGH | State PA | Zip Code 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 PITTSBURGH | State PA | Zip Code 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 16 OF 20 |
| | 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): DATABASE & CONTRIBUTION PROCESSING |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | | |
| City TYSONS CORNER | State VA | Zip Code 22182 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="750.00"/> | Transaction ID : SD10.60102 | |
| Amount Incurred This Period <input type="text" value="281.05"/> | Payment This Period <input type="text" value="356.45"/> | Outstanding Balance at Close of This Period <input type="text" value="674.60"/> |

| | | | |
|---|-------------|-------------------|--|
| 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 ASHBURN | State VA | Zip Code 20147 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="3549.15"/> | Transaction ID : SD10.60103 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3549.15"/> |

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

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : SD10.60107 | |
| Amount Incurred This Period <input type="text" value="14218.08"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="14218.08"/> |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="18441.83"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|-----------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 17 OF 20 |
| | 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 LLC | | | Nature of Debt (Purpose): COMPLIANCE CONSULTING |
| Mailing Address 901 N. WASHINGTON STREET SUITE 700 | | | |
| City ALEXANDRIA | State VA | Zip Code 22314 | |

| | | |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period 8435.00 | Transaction ID : SD10.60104 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 8435.00 |

| | | | |
|--|-------------|-------------------|---|
| B. 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 DULLES | State VA | Zip Code 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 |

| | | | |
|--|-------|----------|---------------------------|
| 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)..... ▶ | 12754.45 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 57696.28 |
| 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) ▶ | 57696.28 |

**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 <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300 | Amount <input type="text"/> 7898.92 |
| City ASHBURN State VA Zip Code 20147 | |
| Purpose of Expenditure 9/16/2016 DIRECT MAIL | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9478.71 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name of Payee HSP DIRECT <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300 | Amount <input type="text"/> 1579.79 |
| City ASHBURN State VA Zip Code 20147 | |
| Purpose of Expenditure 9/16/2016 DIRECT MAIL | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: TRUMP, DONALD, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9478.71 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text"/> 0.00 |
| (a) SUBTOTAL of Unitemized Independent Expenditures | <input type="text"/> |
| (a) 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.

MAENZA, NADINE, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|--|---|
| NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00528307 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | | | | | | | |
|---|--|-------|----------|----------|---------|----|-------|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSP DIRECT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016 | | | | | | |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300 | Amount 1579.79 Transaction ID : SE.00003 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">ASHBURN</td> <td style="border-bottom: 1px solid black;">VA</td> <td style="border-bottom: 1px solid black;">20147</td> </tr> </table> | | City | State | Zip Code | ASHBURN | VA | 20147 |
| City | | State | Zip Code | | | | |
| ASHBURN | VA | 20147 | | | | | |
| Purpose of Expenditure 9/16/2016 DIRECT MAIL | | | | | | | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose RUBIO, MARCO, , , | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 1579.79 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | | | | | | | |
|---|--|-------|----------|----------|---------|----|-------|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSP DIRECT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016 | | | | | | |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300 | Amount 1579.79 Transaction ID : SE.00004 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">ASHBURN</td> <td style="border-bottom: 1px solid black;">VA</td> <td style="border-bottom: 1px solid black;">20147</td> </tr> </table> | | City | State | Zip Code | ASHBURN | VA | 20147 |
| City | | State | Zip Code | | | | |
| ASHBURN | VA | 20147 | | | | | |
| Purpose of Expenditure 9/16/2016 DIRECT MAIL | | | | | | | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose FLEMING, JOHN, , , | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 1579.79 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures ▶ | 0.00 |
| (a) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (a) 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.

MAENZA, NADINE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|--|---|
| NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00528307 </div> |
|--|---|

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | |
|---|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item HSP DIRECT | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016 |
| Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300 | Amount 1579.79 |
| City ASHBURN State VA Zip Code 20147 | |
| Purpose of Expenditure 9/16/2016 DIRECT MAIL | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y |
| Name of Federal Candidate: BIGGS, ANDY, , , | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ |
| Calendar Year-To-Date Per Election for Office Sought 1579.79 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y |
| Mailing Address | Amount |
| City State Zip Code | |
| Purpose of Expenditure | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y |
| Name of Federal Candidate: | <input type="checkbox"/> Support <input type="checkbox"/> Oppose 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 ▶ | 0.00 |
| (a) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (a) TOTAL Independent Expenditures ▶ | 0.00 |

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.

MAENZA, NADINE, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y
 Signature 10 / 19 / 2016