

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **315 Foxtail Lane**  
 Check if different than previously reported. (ACC) **Spring City PA 19475**

2. **FEC IDENTIFICATION NUMBER** **C** **C00528307** 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   /   /   **08 01 2016** through   /   /   **08 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   /   /   **09 19 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.

**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:  /  /  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="11432.69"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1670.00"/>	<input type="text" value="31658.00"/>
(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="13102.69"/>	<input type="text" value="40723.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8884.88"/>	<input type="text" value="36506.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4217.81"/>	<input type="text" value="4217.81"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="43553.60"/>	

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:  /  /  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).....	100.00	100.00
(ii) Unitemized .....	75.00	970.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	175.00	1070.00
(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) .....	175.00	1070.00
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.).....	1495.00	30588.00
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))..... ▶	1670.00	31658.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1670.00	31658.00

**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 .....	582.88	2198.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	582.88	2198.10
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 .....	8302.00	34307.95
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)) ..	8884.88	36506.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8884.88	36506.05

**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) .....	175.00	1070.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	175.00	1070.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	582.88	2198.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	582.88	2198.10

**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 13  
(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

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. MARYJO L GALLO**

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 RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		16		2016

**Transaction ID : SA11A.1076754**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100.00

**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 13
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. MR. RAYMOND N. FINK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 134  
 City WILLIAMSTON State MI Zip Code 48895-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA17.1076793**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. MARGARET L. PAYNE**  
 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. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 08 / 29 / 2016  
**Transaction ID : SA17.1076788**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100.00

**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 MANAGEMENT & CONTRIBUTION PROCESSING

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  
08 / 31 / 2016

Transaction ID : SB21B.I1536

Amount of Each Disbursement this Period

279.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. NATIONBUILDER**

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC**

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

Transaction ID : SB21B.I1538

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)..... ▶

581.28

581.28

**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

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I1532**

Amount of Each Disbursement this Period

Memo Item  
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. FIRSTMERIT BANK**

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement  
PAC BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I1535**

Amount of Each Disbursement this Period

Memo Item  
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. INFOCISION**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I1531**

Amount of Each Disbursement this Period

Memo Item  
NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. USA AEPAY**

Mailing Address 4929 WILSHIRE BLVD  
SUITE 800

City LOS ANGELEL 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) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2016

**Transaction ID : SB29.I1534**

Amount of Each Disbursement this Period

20.00

Memo Item  
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

Memo Item

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

Memo Item

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

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

20.00

8285.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 13
	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 <b>NADINE MAENZA</b>	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	<b>Transaction ID : SD10.60106</b>	
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 <b>BRABENDER COX LLC</b>	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	<b>Transaction ID : SD10.60100</b>	
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 <b>BRABENDER COX LLC</b>	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	<b>Transaction ID : SD10.60101</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3250.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	26500.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 13
	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 <b>CMDI</b>	Nature of Debt (Purpose): DATABASE & CONTRIBUTION PROCESSING
Mailing Address 1593 SPRING HILL ROAD SUITE 400	
City State Zip Code TYSONS CORNER VA 22182	

Outstanding Balance Beginning This Period 779.28	<b>Transaction ID : SD10.60102</b>	
Amount Incurred This Period 250.00	Payment This Period 279.28	Outstanding Balance at Close of This Period 750.00

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

Outstanding Balance Beginning This Period 3549.15	<b>Transaction ID : SD10.60103</b>	
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 <b>KOCH &amp; HOOS LLC</b>	Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address 901 N. WASHINGTON STREET SUITE 700	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 4950.00	<b>Transaction ID : SD10.60104</b>	
Amount Incurred This Period 3485.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8435.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	12734.15
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 13 OF 13
	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 <b>SUNRISE DATA SERVICES</b>	Nature of Debt (Purpose): LIST EXPENSE
Mailing Address 44845 FALCON PLACE SUITE 101A	
City State Zip Code DULLES VA 20166	

Outstanding Balance Beginning This Period <input type="text" value="4319.45"/>	<b>Transaction ID : SD10.60105</b>	
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="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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="4319.45"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="43553.60"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="43553.60"/>