

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PATRIOT VOICES PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="35337.65"/>	<input type="text" value="35337.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22632.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="111121.94"/>	<input type="text" value="369904.25"/>
(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="133754.65"/>	<input type="text" value="405241.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="109360.96"/>	<input type="text" value="380848.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24393.69"/>	<input type="text" value="24393.69"/>
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="44265.52"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	7650.00	16950.00
(ii) Unitemized	30053.94	70341.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37703.94	87291.73
(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)	37703.94	87291.73
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).....	42.66	76.19
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	73375.34	282536.33
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))..... ▶	111121.94	369904.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	111121.94	369904.25

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	33315.63	86585.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33315.63	86585.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	376.63	5903.88
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	70668.70	283359.00
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)) ..	109360.96	380848.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109360.96	380848.21

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)	37703.94	87291.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37703.94	87291.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	33315.63	86585.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	42.66	76.19
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33272.97	86509.14

**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 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. DIANNE S. COSTA
Full Name (Last, First, Middle Initial)

Mailing Address 3119 MISTY OAK DRIVE

City State Zip Code
HIGHLAND VILLAGE TX 75077-1847

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

Name of Employer Occupation
CEMA OF NORTH TEXAS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
05 / 19 / 2014
Transaction ID : SA11.91631

Amount of Each Receipt this Period
350.00

CONTRIBUTION

B. RONNA CROSS
Full Name (Last, First, Middle Initial)

Mailing Address 216 LEONARD WAY

City State Zip Code
ROCKWALL TX 75087-6791

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

Name of Employer Occupation
CROSS COUNTRY OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 19 / 2014
Transaction ID : SA11.91639

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. MARIAN DUNGER
Full Name (Last, First, Middle Initial)

Mailing Address 1068 CREEK XING

City State Zip Code
COPPELL TX 75019-6383

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 19 / 2014
Transaction ID : SA11.91634

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 49
	<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. THOMAS E. HAYDEN
Full Name (Last, First, Middle Initial)

Mailing Address 4213 HUNTWICK LANE

City FLOWER MOUND State TX Zip Code 75028-8749

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

Name of Employer FLOWER MOUND TEXAS Occupation MAYOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.91635

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 5108 CONNORS DRIVE

City FLOWER MOUND State TX Zip Code 75028-6004

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

Name of Employer INSPIRED STEWARDSHIP Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.91630

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. MR. ALAN L. HERMANSON
Full Name (Last, First, Middle Initial)

Mailing Address 12725 HILLCREST DRIVE

City STORY CITY State IA Zip Code 50248-8603

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

Name of Employer WOODLAND FARM Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11.88225

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
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 49
	<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. RON HILLIARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2461 SHERRI LANE
 City FLOWER MOUND State TX Zip Code 75028-4240
 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 05 / 19 / 2014
Transaction ID : SA11.91641
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. KEN HODGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1213 NOBLE WAY
 City FLOWER MOUND State TX Zip Code 75022-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation REALTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 05 / 19 / 2014
Transaction ID : SA11.91632
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

C. DICKIE HUNTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5905 GIVERNY
 City FLOWER MOUND State TX Zip Code 75022-5593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RISE ENERGY Occupation CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 05 / 19 / 2014
Transaction ID : SA11.91633
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. SUSAN HUSKINSON

Mailing Address 3713 LIPPIZANER COURT

City State Zip Code
FLOWER MOUND TX 75028-1691

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

Name of Employer Occupation
SHK DESIGNWORKS, LLC DESIGNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.91636

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. JOHN S. LIPPINCOTT

Mailing Address 114 5TH AVENUE

City State Zip Code
SEASIDE PARK NJ 08752-1721

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014
Transaction ID : SA11.88066

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. SHANNON MAHONEY

Mailing Address 6505 RED BUD DRIVE

City State Zip Code
FLOWER MOUND TX 75022-5861

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

Name of Employer Occupation
DR. J/CENTERY OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.91629

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. RALPH G. SKILLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12308 CHILDRESS STREET
 City State Zip Code
 BAKERSFIELD CA 93312-5445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED CHIROPACTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11.91957
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. ANNETTE WEIR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3208 DRUID WAY
 City State Zip Code
 FLOWER MOUND TX 75028-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.91628
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

C. LAURA WHEAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 NAVASOTA COVE
 City State Zip Code
 WESTLAKE TX 76262-4801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED COMMUNITY SERVICE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.91403
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
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 11 OF 49
	<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

Full Name (Last, First, Middle Initial)
A. FLOWER MOUND FINANCIAL SERVICES II, LLC

Mailing Address 2904 CORPORATE CIRCLE

City FLOWER MOUND	State TX	Zip Code 75028-2764
----------------------	-------------	------------------------

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.91627

Amount of Each Receipt this Period
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. LINDA ISBELL

Mailing Address 2904 CORPORATE CIRCLE

City FLOWER MOUND	State TX	Zip Code 75028-2764
----------------------	-------------	------------------------

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

Name of Employer FLOWER MOUND FINANCIAL SERVICES	Occupation PARTNER
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.96450

Amount of Each Receipt this Period
300.00

CONTRIBUTION

[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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	7650.00

**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 12 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. MARGARET L. ADAMS		Date of Receipt MM / DD / YYYY 05 / 07 / 2014
Mailing Address 8240 HEALY DR		Transaction ID : SA11.95943
City MOBILE	State AL	Zip Code 36695-4919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. GOLDA L. ADERS		Date of Receipt MM / DD / YYYY 05 / 05 / 2014
Mailing Address P.O. BOX 108 20610 OAK ST.		Transaction ID : SA11.96435
City BRISTOW	State IN	Zip Code 47515-0108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. LYNNE ARCHER		Date of Receipt MM / DD / YYYY 05 / 05 / 2014
Mailing Address 20 SAINT PETERS WALK		Transaction ID : SA11.95002
City SUGAR LAND	State TX	Zip Code 77479-2525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer ARCHER VOLKSWAGEN KIA	Occupation AUTO	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	365.00
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 13 OF 49
<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. GEORGE BRIDGMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1092 87TH AVE W

City State Zip Code
DULUTH MN 55808-1419

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11.95953

Amount of Each Receipt this Period
180.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. ELEANOR L. COBB
Full Name (Last, First, Middle Initial)

Mailing Address 131 S VISTA ST

City State Zip Code
LOS ANGELES CA 90036-2707

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.95387

Amount of Each Receipt this Period
175.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. MARIA E. CUETO
Full Name (Last, First, Middle Initial)

Mailing Address 1931 SW 14TH TER

City State Zip Code
MIAMI FL 33145-1307

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

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE BROKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11.95956

Amount of Each Receipt this Period
230.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 585.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. LOIS S. DUMONT		Date of Receipt MM / DD / YYYY 05 / 27 / 2014 Transaction ID : SA11.95273
Mailing Address P.O. BOX 593		Amount of Each Receipt this Period 50.00
City SAINT IGNATIUS	State MT	Zip Code 59865-0593
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. MR. HERMAN R. GELBACH		Date of Receipt MM / DD / YYYY 05 / 27 / 2014 Transaction ID : SA11.95769
Mailing Address 1280 SW NORMANDY TER		Amount of Each Receipt this Period 100.00
City NORMANDY PARK	State WA	Zip Code 98166-3634
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MS. ANNIE L. GRIMNER		Date of Receipt MM / DD / YYYY 05 / 08 / 2014 Transaction ID : SA11.95766
Mailing Address 1255 HOEHNE RD		Amount of Each Receipt this Period 75.00
City CUERO	State TX	Zip Code 77954-2506
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. ANNIE L. GRIMNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1255 HOEHNE RD
 City CUERO State TX Zip Code 77954-2506
 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 **275.00**

Date of Receipt **05 / 27 / 2014**
Transaction ID : SA11.95770
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. DONALD E E. HINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 8172 E GALINDA DR
 City TUCSON State AZ Zip Code 85750-2419
 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 **1020.00**

Date of Receipt **05 / 30 / 2014**
Transaction ID : SA11.95845
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. DONALD E E. HINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 8172 E GALINDA DR
 City TUCSON State AZ Zip Code 85750-2419
 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 **1020.00**

Date of Receipt **05 / 08 / 2014**
Transaction ID : SA11.95957
 Amount of Each Receipt this Period **260.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. STEPHEN KELLER		Date of Receipt MM / DD / YYYY 05 / 02 / 2014 Transaction ID : SA11.95829
Mailing Address 2131 ROVER DR		Amount of Each Receipt this Period 100.00
City LAKE HAVASU CITY	State AZ	Zip Code 86403-6831
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. MR. HERBERT G. KRETZ		Date of Receipt MM / DD / YYYY 05 / 29 / 2014 Transaction ID : SA11.95391
Mailing Address 12 COTTAGE PL		Amount of Each Receipt this Period 250.00
City HEMPSTEAD	State NY	Zip Code 11550-5802
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MS. JANE O. KYLE		Date of Receipt MM / DD / YYYY 05 / 29 / 2014 Transaction ID : SA11.95950
Mailing Address 215 SUMMERHAVEN DR. S		Amount of Each Receipt this Period 155.00
City EAST SYRACUSE	State NY	Zip Code 13057-3119
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

SUBTOTAL of Receipts This Page (optional).....▶	505.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
<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. CRAIG H. LAMPE
Full Name (Last, First, Middle Initial)

Mailing Address 14144 W VALLEY VIEW DR

City LITCHFIELD PARK State AZ Zip Code 85340-5052

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11.95714

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MRS. MARIE D. MASTERS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 302

City WEBSTER State WI Zip Code 54893-0302

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11.95333

Amount of Each Receipt this Period
 75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. DONNA R. MCCANN
Full Name (Last, First, Middle Initial)

Mailing Address 524 OAK BRIDGE DR

City BALLWIN State MO Zip Code 63021-6142

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11.95262

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. KERRY MCCAN		Date of Receipt
Mailing Address P.O. BOX 146		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
VICTORIA	TX	77902-0146
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.95384
MCFADDIN ENTERPRISES	RANCHER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	<input type="text" value="150.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. KERRY MCCAN		Date of Receipt
Mailing Address P.O. BOX 146		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
VICTORIA	TX	77902-0146
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.95386
MCFADDIN ENTERPRISES	RANCHER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	<input type="text" value="150.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. STEVEN G. MIHAYLO		Date of Receipt
Mailing Address P.O. BOX 19790		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
RENO	NV	89511-2471
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.91710
CREXENDO	CEO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="85000.00"/>	<input type="text" value="30000.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. CHARLES D. MISSAR		Date of Receipt MM / DD / YYYY 05 / 27 / 2014 Transaction ID : SA11.95940
Mailing Address 5420 CONNECTICUT AVE. NW CHEVY CHASE HOUSE RM. 420		Amount of Each Receipt this Period 125.00
City WASHINGTON	State DC	Zip Code 20015-2800
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. MS. MARIA M. MONTEZ		Date of Receipt MM / DD / YYYY 05 / 07 / 2014 Transaction ID : SA11.95257
Mailing Address 3450 E PRESIDIO RD		Amount of Each Receipt this Period 50.00
City TUCSON	State AZ	Zip Code 85716-1622
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer UAHN	Occupation NURSE	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MRS. NANCY PIEHL		Date of Receipt MM / DD / YYYY 05 / 07 / 2014 Transaction ID : SA11.95366
Mailing Address 871 BURR OAK TRL		Amount of Each Receipt this Period 100.00
City WHITEWATER	State WI	Zip Code 53190-2961
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 20 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. ERIK G. RENKEN		Date of Receipt MM / DD / YYYY 05 / 29 / 2014
Mailing Address 401 OSCAR STREET		Transaction ID : SA11.95846
City EL CAMPO	State TX	Zip Code 77437-5034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer VITAMIN POWER INC.	Occupation SALES	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. ERIK G. RENKEN		Date of Receipt MM / DD / YYYY 05 / 07 / 2014
Mailing Address 401 OSCAR STREET		Transaction ID : SA11.95942
City EL CAMPO	State TX	Zip Code 77437-5034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer VITAMIN POWER INC.	Occupation SALES	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. VALERIE ROBINSON		Date of Receipt MM / DD / YYYY 05 / 23 / 2014
Mailing Address 2390 MESA CREST GRV		Transaction ID : SA11.95838
City COLORADO SPRINGS	State CO	Zip Code 80904-1800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer VERIZON	Occupation PRODUCT MANAGER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. ANNE M. RYAN
Full Name (Last, First, Middle Initial)
Mailing Address 5402 PENNOCK POINT ROAD

City JUPITER	State FL	Zip Code 33458-3448
-----------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation MUSICIAN
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2014

Transaction ID : SA11.95947

Amount of Each Receipt this Period
150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. ANNE M. RYAN
Full Name (Last, First, Middle Initial)
Mailing Address 5402 PENNOCK POINT ROAD

City JUPITER	State FL	Zip Code 33458-3448
-----------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation MUSICIAN
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2014

Transaction ID : SA11.95951

Amount of Each Receipt this Period
170.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. MARY B. RYSER
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 476

City MELFA	State VA	Zip Code 23410-0476
---------------	-------------	------------------------

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 ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2014

Transaction ID : SA11.95948

Amount of Each Receipt this Period
150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	470.00
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 22 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. MARY B. RYSER		Date of Receipt MM / DD / YYYY 05 / 27 / 2014
Mailing Address P.O. BOX 476		Transaction ID : SA11.95952
City MELFA	State VA	Zip Code 23410-0476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. GLORIA SCHLENSKER		Date of Receipt MM / DD / YYYY 05 / 29 / 2014
Mailing Address 2847 COUNTY RD. 1500 E		Transaction ID : SA11.95625
City RANTOUL	State IL	Zip Code 61866-9709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. ROSS SCHOLZ		Date of Receipt MM / DD / YYYY 05 / 19 / 2014
Mailing Address 7800 SERUM AVE		Transaction ID : SA11.95383
City RALSTON	State NE	Zip Code 68127-4211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 23 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. JOY SHELLBERG		Date of Receipt
Mailing Address 313 N 20TH AVE		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
BOZEMAN	MT	59718-3125
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.95831
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="100.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. LOUISE P. SHOFF		Date of Receipt
Mailing Address 845 FRANZEL RD		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
RED BLUFF	CA	96080-4209
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.95197
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	<input type="text" value="20.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. HELEN W. SMITH		Date of Receipt
Mailing Address 629 W ROSE HILL AVE		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAINT LOUIS	MO	63122-5700
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.95390
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="630.00"/>	<input type="text" value="230.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. LEIGH A. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 3215 E CHANDLER AVE

City EVANSVILLE State IN Zip Code 47714-0416

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 ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11.95246

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. LEIGH A. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 3215 E CHANDLER AVE

City EVANSVILLE State IN Zip Code 47714-0416

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 ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11.95695

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 65523 N CENTERVILLE RD

City STURGIS State MI Zip Code 49091-9148

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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11.94999

Amount of Each Receipt this Period
 150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 25 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. KENNETH J. STUDEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 65523 N CENTERVILLE RD
 City STURGIS State MI Zip Code 49091-9148
 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 ▼ 700.00

Date of Receipt 05 / 30 / 2014
Transaction ID : SA11.95001
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. ARTHUR E. VIENOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 SAN MIGUELITO RD
 City LOMPOC State CA Zip Code 93436-9741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation APARTMENT RENTALS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.95392
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. JOANNA WAITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 PINE CREEK AVE
 City JERSEY SHORE State PA Zip Code 17740-7650
 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 ▼ 325.00

Date of Receipt 05 / 07 / 2014
Transaction ID : SA11.95819
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 1225.00
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 26 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. BETTY M. WHITEHEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5273 HILLDALE RD
 City ALEXANDER State AR Zip Code 72002-9489
 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 ▼ 310.00

Date of Receipt 05 / 07 / 2014
Transaction ID : SA11.95259
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. SHIRLEY R. WIDLACKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 WENDWOOD DR
 City NEWPORT NEWS State VA Zip Code 23602-7530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CO-OWNER OF PAINTING COMPANY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 05 / 05 / 2014
Transaction ID : SA11.95814
 Amount of Each Receipt this Period 25.00
 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

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	35955.00

**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. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.I812

Amount of Each Disbursement this Period

6	.	2	3
---	---	---	---

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	4

Transaction ID : SB21B.I807

Amount of Each Disbursement this Period

1	0	.	0
---	---	---	---

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	4

Transaction ID : SB21B.I808

Amount of Each Disbursement this Period

1	8	9	.	1	3
---	---	---	---	---	---

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

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

2	0	6	.	1	3
---	---	---	---	---	---

2	0	6	.	1	3
---	---	---	---	---	---

**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 CONTRIBUTION PROCESSING

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 / 12 / 2014

Transaction ID : **SB21B.I801**

Amount of Each Disbursement this Period

1313.71

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : **SB21B.I805**

Amount of Each Disbursement this Period

1002.48

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : **SB21B.I809**

Amount of Each Disbursement this Period

70.77

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

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

2386.96

**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. ELAVON MERCHANT SERVICES

Mailing Address **ONE CONCOURSE PKWY
STE. 300**

City **ATLANTA** State **GA** Zip Code **30328**

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.I811

Amount of Each Disbursement this Period

8	6	.	7	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. HSP DIRECT

Mailing Address **13755 SUNRISE VALLEY DRIVE
SUITE 450**

City **HERNDON** State **VA** Zip Code **20171**

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.I802

Amount of Each Disbursement this Period

1	5	1	3	7	.	6	4
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. HSP DIRECT

Mailing Address **13755 SUNRISE VALLEY DRIVE
SUITE 450**

City **HERNDON** State **VA** Zip Code **20171**

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : SB21B.I803

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

2	0	2	2	.	4	3	7
---	---	---	---	---	---	---	---

2	0	2	2	.	4	3	7
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECT

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I804

Amount of Each Disbursement this Period

6771.19

Full Name (Last, First, Middle Initial)

B. HSP DIRECT

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : SB21B.I806

Amount of Each Disbursement this Period

3570.00

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SB21B.I813

Amount of Each Disbursement this Period

109.98

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

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

10451.17

33268.63

**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 checked="" 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. BEN SASSE FOR US SENATE, INC.

Mailing Address 105 EAST 6TH STREET

City State Zip Code
FREMONT NE 68025

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Ben Sasse

Office Sought: House
 Senate
 President
State: NE District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.I815

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. COTTON FOR SENATE

Mailing Address P.O. BOX 379

City State Zip Code
DARDANELLE AR 72834

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Tom Cotton

Office Sought: House
 Senate
 President
State: AR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : SB23.I818

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Mailing Address P.O. BOX 125

City State Zip Code
LAUREL MS 39441

Purpose of Disbursement
IN-KIND CONTRIBUTION/EMAIL COMMUNICATION

Candidate Name
Chris McDainel

Office Sought: House
 Senate
 President
State: MS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	4

Transaction ID : SB23.I819

Amount of Each Disbursement this Period

3	3	0	0	0	0	0	0	0	0

[MEMO ITEM]

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

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

2	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. HANDEL FOR SENATE, INC.

Mailing Address 3970 OLD MILTON PARKWAY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Karen Handel

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : **SB23.I816**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. JASON CONGER FOR U.S. SENATE

Mailing Address P.O. BOX 2058

City BEND State OR Zip Code 97709

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Jason Conger

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : **SB23.I817**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

City MARTINSBURG State WV Zip Code 25402

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Alexander Mooney

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	4

Transaction ID : **SB23.I814**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. STEVE DAINES FOR MONTANA

Mailing Address P.O. BOX 1598

City State Zip Code
HELENA MT 59624

Purpose of Disbursement
IN-KIND CONTRIBUTION/EMAIL COMMUNICATION

Candidate Name

Steve Daines

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

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

Transaction ID : SB23.I820

Amount of Each Disbursement this Period

1	.	8	5
---	---	---	---

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--

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

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

0	.	0	0
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5	0	0	0
---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KEN PAXTON FOR ATTORNEY GENERAL

Mailing Address PO BOX 3476

City MCKINNEY State TX Zip Code 75070

Purpose of Disbursement
NON-FEDERAL IN-KIND CONTRIBUTION (TX)/EMAIL COMMUNICATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SB29.I800

Amount of Each Disbursement this Period

49.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TOM CORBETT FOR GOVERNOR

Mailing Address 200 NORTH 3RD STREET
14TH FLOOR

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION (PA)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : SB29.I799

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SHELLEY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : SB29.I788

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MGMT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : **SB29.I790**

Amount of Each Disbursement this Period

4400.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

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

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : **SB29.I798**

Amount of Each Disbursement this Period

70.46

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : **SB29.I793**

Amount of Each Disbursement this Period

753.94

NON CONTRIBUTION ACCOUNT

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

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

5224.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : **SB29.I789**

Amount of Each Disbursement this Period

12000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : **SB29.I792**

Amount of Each Disbursement this Period

60.32

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : **SB29.I795**

Amount of Each Disbursement this Period

292.27

NON CONTRIBUTION ACCOUNT

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

12352.59

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : **SB29.I796**

Amount of Each Disbursement this Period

30207.67

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : **SB29.I797**

Amount of Each Disbursement this Period

14945.48

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : **SB29.I787**

Amount of Each Disbursement this Period

4399.56

NON CONTRIBUTION ACCOUNT

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

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

49552.71

70629.70

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Outstanding Balance Beginning This Period 3350.00	Transaction ID : SD10.50101	
Amount Incurred This Period 600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3950.00

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

Outstanding Balance Beginning This Period 5133.64	Transaction ID : SD10.50102	
Amount Incurred This Period 1527.71	Payment This Period 2316.19	Outstanding Balance at Close of This Period 4345.16

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

Outstanding Balance Beginning This Period 2548.22	Transaction ID : SD10.50103	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2548.22

1) SUBTOTALS This Period This Page (optional)..... ▶	10843.38
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 39 OF 49
	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 HSP DIRECT	Nature of Debt (Purpose): IE DIRECT MAIL
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450	
City State Zip Code HERNDON VA 20171	

Outstanding Balance Beginning This Period <input type="text" value="376.63"/>	Transaction ID : SD10.50105	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="376.63"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="56580.21"/>	Transaction ID : SD10.5010	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="30478.83"/>	Outstanding Balance at Close of This Period <input type="text" value="26101.38"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KOCH & HOOS	Nature of Debt (Purpose): ACCOUNTING & COMPLIANCE SERVICES
Mailing Address 901 N. WASHINGTON STREET SUITE 450	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="3427.26"/>	Transaction ID : SD10.50104	
Amount Incurred This Period <input type="text" value="599.94"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4027.20"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="30128.58"/>
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 40 OF 49
	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 L & W GROUP	Nature of Debt (Purpose): PRINTING
Mailing Address 97 NORTH MAIN STREET	
City State Zip Code SPRING CITY PA 19475	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.50109	
Amount Incurred This Period 928.56	Payment This Period 0.00	Outstanding Balance at Close of This Period 928.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MG PRODUCTIONS	Nature of Debt (Purpose): MEDIA PRODUCTION
Mailing Address 934 ROBIN STREET	
City State Zip Code HOUSTON TX 77019	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.50108	
Amount Incurred This Period 250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

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

Outstanding Balance Beginning This Period 1640.00	Transaction ID : SD10.50107	
Amount Incurred This Period 475.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2115.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3293.56
2) TOTALS This Period (last page this line number only)..... ▶	44265.52
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) ▶	44265.52

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/2/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Alex Mooney
Support
Office Sought: House
District: 02
State: WV
Calendar Year-To-Date
Per Election for Office Sought
4.24

Date of Public Distribution/Dissemination
05 / 02 / 2014
Amount
2.12
Transaction ID : SE.m001
Date of Disbursement or Obligation
Disbursement For: Primary
2014

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/8/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Ben Sasse
Support
Office Sought: Senate
State: NE
Calendar Year-To-Date
Per Election for Office Sought
95.82

Date of Public Distribution/Dissemination
05 / 08 / 2014
Amount
4.59
Transaction ID : SE.mj002
Date of Disbursement or Obligation
Disbursement For: Primary
2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza [Electronically Filed] Date: 06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/12/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Alex Mooney
Support
Office Sought: House
District: 02
State: WV
Calendar Year-To-Date
Per Election for Office Sought
4.24

Date of Public Distribution/Dissemination
05 / 12 / 2014
Amount
2.12
Transaction ID : SE.m003
Date of Disbursement or Obligation
Disbursement For: Primary
2014

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/12/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Ben Sasse
Support
Office Sought: Senate
State: NE
Calendar Year-To-Date
Per Election for Office Sought
95.82

Date of Public Distribution/Dissemination
05 / 12 / 2014
Amount
4.58
Transaction ID : SE.m004
Date of Disbursement or Obligation
Disbursement For: Primary
2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza [Electronically Filed] Date: 06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/14/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Steve Daines
Support
Office Sought:
Senate
State: MT
Calendar Year-To-Date
Per Election for Office Sought
244.05

Date of Public Distribution/Dissemination
05 / 14 / 2014
Amount
1.85
Transaction ID : SE.m005
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/16/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Sam Clovis
Support
Office Sought:
Senate
State: IA
Calendar Year-To-Date
Per Election for Office Sought
95.42

Date of Public Distribution/Dissemination
05 / 16 / 2014
Amount
86.65
Transaction ID : SE.m006
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza [Electronically Filed] Date: 06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/16/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Jason Conger
Support
Office Sought:
House
Senate
State: OR
Calendar Year-To-Date
Per Election for Office Sought
92.42

Date of Public Distribution/Dissemination
05 / 16 / 2014
Amount
86.65
Transaction ID : SE.m007
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/16/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Tom Cotton
Support
Office Sought:
House
Senate
State: AR
Calendar Year-To-Date
Per Election for Office Sought
242.20

Date of Public Distribution/Dissemination
05 / 16 / 2014
Amount
86.65
Transaction ID : SE.m008
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Nadine Maenza
Signature

[Electronically Filed]

Date
06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/16/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Steve Daines
Support
Office Sought:
Senate
State: MT
Calendar Year-To-Date
Per Election for Office Sought
244.05

Date of Public Distribution/Dissemination
05 / 16 / 2014
Amount
86.65
Transaction ID : SE.m009
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/16/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Cory Gardner
Support
Office Sought:
Senate
State: CO
Calendar Year-To-Date
Per Election for Office Sought
242.20

Date of Public Distribution/Dissemination
05 / 16 / 2014
Amount
86.65
Transaction ID : SE.m010
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza [Electronically Filed] Date: 06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
MEMO ITEM
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/16/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Ben Sasse
Support
Office Sought:
House
Senate
State: NE
Calendar Year-To-Date
Per Election for Office Sought
95.82

Date of Public Distribution/Dissemination
05 / 16 / 2014
Amount
86.65
Transaction ID : SE.m013
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
CMDI
MEMO ITEM
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
5/19/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Sam Clovis
Support
Office Sought:
House
Senate
State: IA
Calendar Year-To-Date
Per Election for Office Sought
95.42

Date of Public Distribution/Dissemination
05 / 19 / 2014
Amount
8.77
Transaction ID : SE.m014
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza
[Electronically Filed]
Date: 06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
MEMO ITEM
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Date of Public Distribution/Dissemination
05 / 19 / 2014
Amount
5.77
Transaction ID : SE.m015
Date of Disbursement or Obligation
Purpose of Expenditure
5/19/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Jason Conger
Support
Office Sought: Senate
State: OR
Calendar Year-To-Date Per Election for Office Sought
92.42
Disbursement For: Primary
2014

Full Name of Payee
CMDI
MEMO ITEM
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Date of Public Distribution/Dissemination
05 / 20 / 2014
Amount
15.34
Transaction ID : SE.m016
Date of Disbursement or Obligation
Purpose of Expenditure
5/20/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Karen Handel
Support
Office Sought: Senate
State: GA
Calendar Year-To-Date Per Election for Office Sought
101.99
Disbursement For: Primary
2014

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza
[Electronically Filed]
Date: 06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CMDI [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 29 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 690.90
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.m017
Purpose of Expenditure 5/29/14 EMAIL COMMUNICATION	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Chris McDaniel	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
690.90	

Full Name of Payee HSP Direct	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2013
Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount 376.63
City State Zip Code Herndon VA 20171	Transaction ID : SE.m018
Purpose of Expenditure 10/25/13 DIRECT MAIL	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2014
Name of Federal Candidate Mark Warner	Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: VA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
4115.78	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	376.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	376.63

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

Nadine Maenza **[Electronically Filed]** Date **06 / 18 / 2014**

Signature _____