

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00528307 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09 / 01 / 2014 through 09 / 30 / 2014

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

Type or Print Name of Treasurer Nadine Maenza

Signature of Treasurer Nadine Maenza [Electronically Filed] Date 10 / 20 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Patriot Voices PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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="56115.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="117313.65"/>	<input type="text" value="876729.18"/>
(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="173429.15"/>	<input type="text" value="912066.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="88434.45"/>	<input type="text" value="827072.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84994.70"/>	<input type="text" value="84994.70"/>
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="87024.54"/>	

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).....	6423.00	44573.00
(ii) Unitemized	52430.60	193831.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	58853.60	238404.61
(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)	58853.60	238404.61
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	233.14
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	58460.05	638091.43
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))..... ▶	117313.65	876729.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	117313.65	876729.18

DETAILED SUMMARY PAGE

of Disbursements

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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	20807.74	192387.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20807.74	192387.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9000.00
24. Independent Expenditures (use Schedule E)	228.26	9425.23
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	67398.45	616259.03
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)) ..	88434.45	827072.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88434.45	827072.13

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	58853.60	238404.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58853.60	238404.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20807.74	192387.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	233.14
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20807.74	192154.73

**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 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. DARLENE V. BARGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 IDAHO STREET
 City State Zip Code
 WOODBRIDGE VA 22191-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 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
 09 / 24 / 2014
Transaction ID : SA11.112026
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. MRS. ANNE T. CARPENTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12494 N. ROYAL LANE
 City State Zip Code
 MEQUON WI 53092-8554
 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 M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : SA11.112973
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MR. RONALD BRUCE CURRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 CEDAR AVENUE
 City State Zip Code
 YUKON OK 73099-1209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED LANDLORD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : SA11.112667
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 52
	<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. MR. RALPHY V. DAWIS
Full Name (Last, First, Middle Initial)

Mailing Address 355 BARD AVENUE

City STATEN ISLAND State NY Zip Code 10310-1664

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

Name of Employer RICHMOND UNIVERSITY MEDICAL CENTER Occupation HOSPITAL CHAPLIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11.111274

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. MR. GONZALO E. DIAZ
Full Name (Last, First, Middle Initial)

Mailing Address 5520 SW 72ND AVENUE

City MIAMI State FL Zip Code 33155-5517

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
 09 / 30 / 2014
Transaction ID : SA11.113224

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. MR. THOMAS K. GARESCHE
Full Name (Last, First, Middle Initial)

Mailing Address 81 KESUMPE POINT ROAD

City HOLDERNESS State NH Zip Code 03245-

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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11.111308

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 52
	<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. MRS. BETTY LEE GARVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 154 N. BELLEFIELD AVENUE
 APARTMENT 95
 City PITTSBURGH State PA Zip Code 15213-2691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11.112143
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

B. MR. ALOYSIUS J. GOBLIRSCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 9738 221ST AVENUE N.W.
 City ELK RIVER State MN Zip Code 55330-9242
 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 09 / 24 / 2014
Transaction ID : SA11.112197
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MR. RICHARD S. GRIFFITH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 9160
 City LAFAYETTE State LA Zip Code 70509-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11.111942
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<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. MS. MARGARET G. KEETON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2434 FAIRWAY STREET
 City GRENADA State MS Zip Code 38901-7911
 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 09 / 26 / 2014
Transaction ID : SA11.112464
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. MR. ALBERT C. KEMPF
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 ASHLEY ROAD
 City HOPKINS State MN Zip Code 55343-2004
 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 09 / 26 / 2014
Transaction ID : SA11.112761
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MS. MARJORIE R. LINDSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 10202 DUTCH IRIS DRIVE
 City BAKERSFIELD State CA Zip Code 93311-3770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11.112200
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 52
(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. BURTON MCPHEETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23998 S. MCPHEETERS ROAD
 City State Zip Code
 GOTHENBURG NE 69138-9351
 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
 09 / 24 / 2014
Transaction ID : SA11.111871
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. MR. BURTON MCPHEETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23998 S. MCPHEETERS ROAD
 City State Zip Code
 GOTHENBURG NE 69138-9351
 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
 09 / 30 / 2014
Transaction ID : SA11.113190
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. MS. MARIE B. MORSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3025 WOODCLIFF DRIVE NW
 City State Zip Code
 CANTON OH 44718-3333
 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 ▼
 201.00

Date of Receipt
 09 / 25 / 2014
Transaction ID : SA11.112249
 Amount of Each Receipt this Period
 101.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 351.00
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 11 OF 52
(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. MS. MARIE B. MORSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3025 WOODCLIFF DRIVE NW
 City CANTON State OH Zip Code 44718-3333
 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 ▼ 201.00

Date of Receipt 09 / 25 / 2014
Transaction ID : SA11.112250
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MS. DOROTHY PETSCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 13218 HIGGINSVILLE ROAD
 City LEXINGTON State MO Zip Code 64067-8285
 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 09 / 24 / 2014
Transaction ID : SA11.112101
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MR. RICHARD G. ROBERTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10510 CLIPPER DRIVE
 City FAIRFAX STATION State VA Zip Code 22039-1918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMPUTER SCIENCE CORP. Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11.111944
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 12 OF 52
	<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. MS. MARILYN STIGLITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 232 BALTUSROL WAY
 City SPRINGFIELD State NJ Zip Code 07081-2106
 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 ▼ 500.00

Date of Receipt 09 / 19 / 2014
Transaction ID : SA11.111023
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. MRS. RITA J. STILIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 72303 PUFAL ROAD
 City HIGH BRIDGE State WI Zip Code 54846-6446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH COUNTRY LUMBER Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11.111864
 Amount of Each Receipt this Period 270.00
 CONTRIBUTION

C. ROBERT THORNTON
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 449
 City BETHANY BEACH State DE Zip Code 19930-0449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SILVERSTOCK BUILDERS LLC Occupation DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2014
Transaction ID : SA11.114693
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1520.00
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 52
	<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. MRS. MARJORIE TURECHEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2543 S. PEARL STREET
 City DENVER State CO Zip Code 80210-5719
 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 ▼ 500.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11.112002
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. MR. CALVIN K. UPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 N. ELM ST
 City WELLINGTON State KS Zip Code 67152-2937
 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 ▼ 202.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11.111850
 Amount of Each Receipt this Period 202.00
 CONTRIBUTION

C. MR. HENRY J. VAN LIESHOUT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6159 HAPPY VALLEY ROAD
 City VERONA State NY Zip Code 13478-2408
 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 ▼ 500.00

Date of Receipt 09 / 18 / 2014
Transaction ID : SA11.110874
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1202.00
TOTAL This Period (last page this line number only).....▶	6423.00

**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 14 OF 52
<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. MARGARET L. ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8240 HEALY DR
 City MOBILE State AL Zip Code 36695-4919
 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 **09 / 15 / 2014**
Transaction ID : SA11.114576
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. ESTHER M. ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4076 HIDDEN VIEW CIR
 City FORT WORTH State TX Zip Code 76109-4625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 24 / 2014**
Transaction ID : SA11.114262
 Amount of Each Receipt this Period **75.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. JOSEPH BANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1580 PELHAM PKWY S APT 6P
 City BRONX State NY Zip Code 10461-1144
 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 **400.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : SA11.114598
 Amount of Each Receipt this Period **200.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... **375.00**
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 52
<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. KATHLEEN A. BEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 S 173RD CT
 APT320
 City OMAHA State NE Zip Code 68118-3115
 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 09 / 15 / 2014
Transaction ID : SA11.114553
 Amount of Each Receipt this Period 55.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. GRADY O. BOWEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5554 OVERLOOK CIR
 City WINSTON SALEM State NC Zip Code 27105-1703
 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 ▼ 495.00

Date of Receipt 09 / 18 / 2014
Transaction ID : SA11.114228
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. GRADY O. BOWEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5554 OVERLOOK CIR
 City WINSTON SALEM State NC Zip Code 27105-1703
 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 ▼ 495.00

Date of Receipt 09 / 04 / 2014
Transaction ID : SA11.114239
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION
 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 16 OF 52
<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. ALAN A. BREGAR
Full Name (Last, First, Middle Initial)

Mailing Address 104 MARQUETTE RD.

City SPRING VALLEY State IL Zip Code 61362-1612

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 ▼ 260.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11.114491

Amount of Each Receipt this Period 35.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. FRANCIS J. BRENNAN
Full Name (Last, First, Middle Initial)

Mailing Address 333 STAFFORD AVE

City WATERVILLE State NY Zip Code 13480-1143

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 09 / 15 / 2014
Transaction ID : SA11.114326

Amount of Each Receipt this Period 15.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. WALTER B. BURMEISTER
Full Name (Last, First, Middle Initial)

Mailing Address 5314 S SPRINGFIELD AVE

City CHICAGO State IL Zip Code 60632-3729

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 17 / 2014
Transaction ID : SA11.114600

Amount of Each Receipt this Period 200.00

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 17 OF 52
<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. JOHN J. BYRNE JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7202 FORESTWIND CT
 City ARLINGTON State TX Zip Code 76001-4850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation RESTAURANTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt **09 / 18 / 2014**
Transaction ID : SA11.114241
 Amount of Each Receipt this Period **200.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. ELEANOR L. COBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 S VISTA ST
 City LOS ANGELES State CA Zip Code 90036-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **09 / 05 / 2014**
Transaction ID : SA11.114189
 Amount of Each Receipt this Period **50.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CAROL CONRAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4936 WINDWARD PL
 City FERNANDINA State FL Zip Code 32034-5645
 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 **09 / 18 / 2014**
Transaction ID : SA11.114595
 Amount of Each Receipt this Period **180.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... **430.00**
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 52
<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. TOM L. DAVIS
Full Name (Last, First, Middle Initial)
Mailing Address 72 MADONNA VIEW DR

City CAMBRIDGE	State VT	Zip Code 05444-9808
FEC ID number of contributing federal political committee. C		
Name of Employer SMUGGLERS NOTCH RESORT	Occupation RESORT EMPLOYEE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
09 / 04 / 2014
Transaction ID : SA11.114521

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. TOM L. DAVIS
Full Name (Last, First, Middle Initial)
Mailing Address 72 MADONNA VIEW DR

City CAMBRIDGE	State VT	Zip Code 05444-9808
FEC ID number of contributing federal political committee. C		
Name of Employer SMUGGLERS NOTCH RESORT	Occupation RESORT EMPLOYEE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
09 / 29 / 2014
Transaction ID : SA11.114583

Amount of Each Receipt this Period
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MRS. ROSEMARY W. DE MORE
Full Name (Last, First, Middle Initial)
Mailing Address 5220 MADISON ST

City SKOKIE	State IL	Zip Code 60077-2446
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Date of Receipt
09 / 02 / 2014
Transaction ID : SA11.114237

Amount of Each Receipt this Period
150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 19 OF 52
	<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. DAVID P. DOWLING		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 Transaction ID : SA11.114590
Mailing Address 38287 UNIT 29 MORNING GLORY COURT		Amount of Each Receipt this Period 130.00
City FRANKFORD State DE Zip Code 19945-	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer WALGREENS Occupation PHARMACIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NON CONTRIBUTION ACCOUNT
Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) B. MR. GEORGE ELDRIDGE		Date of Receipt MM / DD / YYYY 09 / 18 / 2014 Transaction ID : SA11.114166
Mailing Address 411 W SHERMAN AVE		Amount of Each Receipt this Period 40.00
City NAMPA State ID Zip Code 83686-2627	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NON CONTRIBUTION ACCOUNT
Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. MRS. LAURA D. ELLIOT		Date of Receipt MM / DD / YYYY 09 / 02 / 2014 Transaction ID : SA11.114173
Mailing Address 50 WINDWARD WAY		Amount of Each Receipt this Period 50.00
City RED BANK State NJ Zip Code 07701-2478	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NON CONTRIBUTION ACCOUNT
Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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 52
<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. WALTER EVANS		Date of Receipt MM / DD / YYYY 09 / 24 / 2014 Transaction ID : SA11.114448
Mailing Address 4720 SHERIDAN AVE.		Amount of Each Receipt this Period 250.00
City METAIRIE	State LA	Zip Code 70002-1352
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) B. MR. RAYMOND N. FINK		Date of Receipt MM / DD / YYYY 09 / 17 / 2014 Transaction ID : SA11.114432
Mailing Address P.O. BOX 134		Amount of Each Receipt this Period 25.00
City WILLIAMSTON	State MI	Zip Code 48895-0134
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 ▼ 435.00	

Full Name (Last, First, Middle Initial) C. MS. ELEANOR A. GARRETSON		Date of Receipt MM / DD / YYYY 09 / 02 / 2014 Transaction ID : SA11.114585
Mailing Address 73999 RESERVOIR HILL RD		Amount of Each Receipt this Period 130.00
City FLUSHING	State OH	Zip Code 43977-9709
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 ▼ 290.00	

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 52
<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. EDITH P. GEARY		Date of Receipt MM / DD / YYYY 09 / 17 / 2014 Transaction ID : SA11.114435
Mailing Address 16916 HIERBA DR. APT 139		Amount of Each Receipt this Period 25.00
City SAN DIEGO	State CA	Zip Code 92128-2677
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 ▼ 215.00	

Full Name (Last, First, Middle Initial) B. MS. JAN GIESLER		Date of Receipt MM / DD / YYYY 09 / 04 / 2014 Transaction ID : SA11.114557
Mailing Address 5936 N LEONARD AVE.		Amount of Each Receipt this Period 75.00
City CHICAGO	State IL	Zip Code 60646-5518
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer MOODY BIBLE INSTITUTE	Occupation OPERATIONS MANAGER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. MRS. BARBARA A. GILLIATT		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : SA11.114215
Mailing Address 217 E COUNTY ROAD 250 S		Amount of Each Receipt this Period 50.00
City PAOLI	State IN	Zip Code 47454-8301
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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 52
<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. RUTH K. GORMLY		Date of Receipt MM / DD / YYYY 09 / 02 / 2014
Mailing Address 1220 RANCHO RD		Transaction ID : SA11.114556
City ARCADIA	State CA	Zip Code 91006-2240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 355.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. B J GRAMLICH		Date of Receipt MM / DD / YYYY 09 / 17 / 2014
Mailing Address 11000 STIGLOR HL. RD.		Transaction ID : SA11.114436
City VANCLEAVE	State MS	Zip Code 39565-7718
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 ▼ 270.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. FREDERICK GROTE		Date of Receipt MM / DD / YYYY 09 / 19 / 2014
Mailing Address P.O. BOX 493		Transaction ID : SA11.114589
City PITTSFIELD	State IL	Zip Code 62363-0493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer PINE COUNTY LUMBER CO	Occupation MERCHANT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 52
	<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. DONALD W. HODGES		Date of Receipt MM / DD / YYYY 09 / 08 / 2014 Transaction ID : SA11.113718
Mailing Address 7116 CHIPPERTON DR		Amount of Each Receipt this Period 360.00
City DALLAS	State TX	Zip Code 75225-1707
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer FIRST DALLAS HOLDINGS	Occupation INVESTMENT ADVISOR	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

Full Name (Last, First, Middle Initial) B. MS. PAULINE B. JONES		Date of Receipt MM / DD / YYYY 09 / 18 / 2014 Transaction ID : SA11.114588
Mailing Address 3091 MILL VISTA RD UNIT 1013		Amount of Each Receipt this Period 130.00
City HIGHLANDS RANCH	State CO	Zip Code 80129-2420
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. MS. SHARON S. KNOERZER		Date of Receipt MM / DD / YYYY 09 / 04 / 2014 Transaction ID : SA11.114601
Mailing Address 301 PITTS AVE		Amount of Each Receipt this Period 230.00
City MARSHALL	State TX	Zip Code 75672-4721
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional).....▶	720.00
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 24 OF 52
<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 ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11.114569

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. MELANIE R. MACKEY
Full Name (Last, First, Middle Initial)

Mailing Address 5110 BAXTER KENNINGTON RD

City KERSHAW State SC Zip Code 29067-9506

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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11.114516

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. MELANIE R. MACKEY
Full Name (Last, First, Middle Initial)

Mailing Address 5110 BAXTER KENNINGTON RD

City KERSHAW State SC Zip Code 29067-9506

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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11.114522

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 52
<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. DELORES A. MADDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 MOBILE BLVD LOT 35
 City NILES State MI Zip Code 49120-3939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 04 / 2014
Transaction ID : SA11.114519
 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 Occupation
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt
 09 / 26 / 2014
Transaction ID : SA11.114223
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. JOHN J. MCCARTNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2248 W 23RD ST
 City CHICAGO State IL Zip Code 60608-3932
 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 ▼ 300.00

Date of Receipt
 09 / 04 / 2014
Transaction ID : SA11.114520
 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 26 OF 52
<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. TRUDY MCCORY
Full Name (Last, First, Middle Initial)
Mailing Address 426 PARKWOOD DR

City PRATTVILLE	State AL	Zip Code 36067-4025
--------------------	-------------	------------------------

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 ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2014

Transaction ID : SA11.114596

Amount of Each Receipt this Period
180.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. DORIS E. MCGUIRE
Full Name (Last, First, Middle Initial)
Mailing Address 16371 W FORREST HILLS RD

City CASHION	State OK	Zip Code 73016-9793
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2014

Transaction ID : SA11.114192

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. JOHN MEHEW
Full Name (Last, First, Middle Initial)
Mailing Address 27704 VALLEY RUN DR

City WILMINGTON	State DE	Zip Code 19810-1944
--------------------	-------------	------------------------

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 ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : SA11.114591

Amount of Each Receipt this Period
135.00

CONTRIBUTION

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 27 OF 52
<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. JEAN MEINHOLTZ		Date of Receipt MM / DD / YYYY 09 / 22 / 2014
Mailing Address 4 PALM HILL DR		Transaction ID : SA11.114561
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675-2009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. BARBARA J MICKO		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2059 SCARBROUGH RD		Transaction ID : SA11.114125
City SPRINGFIELD	State IL	Zip Code 62702-2057
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 ▼ 233.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. STEVEN G. MIHAYLO		Date of Receipt MM / DD / YYYY 09 / 16 / 2014
Mailing Address P.O. BOX 19790		Transaction ID : SA11.114692
City RENO	State NV	Zip Code 89511-2471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30000.00
Name of Employer IMERCHANT	Occupation CEO	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205000.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	30100.00
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 28 OF 52
<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. JENNIE S. MILAZZO		Date of Receipt MM / DD / YYYY 09 / 17 / 2014
Mailing Address 515 OVINGTON AVE APT 4K		Transaction ID : SA11.114430
City BROOKLYN	State NY	Zip Code 11209-1753
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 ▼ 235.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MRS. MARGARET F. MILLER		Date of Receipt MM / DD / YYYY 09 / 05 / 2014
Mailing Address 13553 KENSINGTON PL		Transaction ID : SA11.114145
City CARMEL	State IN	Zip Code 46032-5360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. CHARLES D. MISSAR		Date of Receipt MM / DD / YYYY 09 / 19 / 2014
Mailing Address 5420 CONNECTICUT AVE. NW CHEVY CHASE HOUSE RM. 420		Transaction ID : SA11.114554
City WASHINGTON	State DC	Zip Code 20015-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
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

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 29 OF 52
<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. HELEN A. MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 WHITE OAK DR
 APT 253
 City SANTA ROSA State CA Zip Code 95409-5948
 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 **215.00**

Date of Receipt **09 / 17 / 2014**
Transaction ID : SA11.114533
 Amount of Each Receipt this Period **50.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MRS. MARY E. MORIARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 PROSPECT HILL AVE
 City SUMMIT State NJ Zip Code 07901-3740
 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 **350.00**

Date of Receipt **09 / 24 / 2014**
Transaction ID : SA11.114242
 Amount of Each Receipt this Period **350.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. ROSEMARY ORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 MICHEL AVE
 City MODESTO State CA Zip Code 95358-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 17 / 2014**
Transaction ID : SA11.114534
 Amount of Each Receipt this Period **50.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
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 30 OF 52
<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. ROBERT W. PETTIT		Date of Receipt
Mailing Address 3121 N. 103RD STREET		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
MILWAUKEE	WI	53222-3319
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.114431
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. JUDITH A. RATAY		Date of Receipt
Mailing Address 1818 KATHY LN		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
MIAMISBURG	OH	45342-2628
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.114395
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="310.00"/>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. JUDITH A. RATAY		Date of Receipt
Mailing Address 1818 KATHY LN		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
MIAMISBURG	OH	45342-2628
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.114459
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="310.00"/>	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
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 31 OF 52
<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. ERIK G. RENKEN
Full Name (Last, First, Middle Initial)

Mailing Address 401 OSCAR STREET

City EL CAMPO State TX Zip Code 77437-5034

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

Name of Employer VITAMIN POWER INC. Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 905.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11.114584

Amount of Each Receipt this Period
 105.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. MELVIN A. RIES
Full Name (Last, First, Middle Initial)

Mailing Address 3585 ROUND BARN BLVD
APARTMENT 329

City SANTA ROSA State CA Zip Code 95403-0145

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
 09 / 05 / 2014

Transaction ID : SA11.114049

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. VALERIE ROBINSON
Full Name (Last, First, Middle Initial)

Mailing Address 2390 MESA CREST GRV

City COLORADO SPRINGS State CO Zip Code 80904-1800

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

Name of Employer VERIZON Occupation PRODUCT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2014

Transaction ID : SA11.114231

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 32 OF 52
	<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 MUSICIAN Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1040.00**

Date of Receipt **09 / 24 / 2014**
Transaction ID : SA11.114594
 Amount of Each Receipt this Period **175.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. ARDIS M. SCHULTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3895 KEEWEENAW DR NE
 City GRAND RAPIDS State MI Zip Code 49525-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **09 / 26 / 2014**
Transaction ID : SA11.114547
 Amount of Each Receipt this Period **50.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. RODGER SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 20405 SE 344TH ST
 City AUBURN State WA Zip Code 98092-1592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation GENERAL CONTRACTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 29 / 2014**
Transaction ID : SA11.114582
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... **325.00**
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 33 OF 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. BARBARA J. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3222 E HAMPSHIRE AVE
 City MILWAUKEE State WI Zip Code 53211-3118
 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 ▼ 400.00

Date of Receipt 09 / 15 / 2014
Transaction ID : SA11.114599
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. GAYLORD TAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2314 LIVE OAK ST
 City SAN ANGELO State TX Zip Code 76901-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 17 / 2014
Transaction ID : SA11.114331
 Amount of Each Receipt this Period 15.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. FRANCES K. VINCENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 CANONCHET RD
 City HOPE VALLEY State RI Zip Code 02832-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11.114593
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION
 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: PAGE 34 OF 52
(check only one)

<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. STEVE WEINSCHENK
Full Name (Last, First, Middle Initial)
Mailing Address 416 20TH AVE. SW

City ROCHESTER	State MN	Zip Code 55902-4128
-------------------	-------------	------------------------

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

Name of Employer APEX MACHINE WORKS	Occupation TECHNICIAN
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	24	/	2014

Transaction ID : SA11.114580

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B.
Full Name (Last, First, Middle Initial)
Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

--

C.
Full Name (Last, First, Middle Initial)
Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	35710.00

**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. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I941

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I942

Amount of Each Disbursement this Period

303.00

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City State Zip Code
ATLANTA GA 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.I943

Amount of Each Disbursement this Period

47.99

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

360.99

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 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 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB21B.I935**

Amount of Each Disbursement this Period

6	1	7	4	.	6	2
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. HSP DIRECT

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB21B.I938**

Amount of Each Disbursement this Period

1	2	2	3	.	2	2
---	---	---	---	---	---	---

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : **SB21B.I947**

Amount of Each Disbursement this Period

1	0	9	.	9	8
---	---	---	---	---	---

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

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

1	8	5	1	.	8	2
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**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. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : **SB21B.I944**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE
SUITE 101A

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PAC LIST SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : **SB21B.I937**

Amount of Each Disbursement this Period

905.00

Full Name (Last, First, Middle Initial)

C. US POSTAL SERVICE

Mailing Address 900 BRENTWOOD ROAD, NW

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : **SB21B.I934**

Amount of Each Disbursement this Period

177.00

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

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

1112.00

**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. SHELLEY AHLERSMEYER

Mailing Address 84 POPLAR STREET

City WARSAW State IN Zip Code 46582

Purpose of Disbursement
PAC GRASSROOTS 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
09 / 17 / 2014

Transaction ID : SB29.I949

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. 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
09 / 17 / 2014

Transaction ID : SB29.I948

Amount of Each Disbursement this Period

3650.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. 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
09 / 30 / 2014

Transaction ID : SB29.I962

Amount of Each Disbursement this Period

39.17

NON CONTRIBUTION ACCOUNT

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

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

6189.17

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB29.I958

Amount of Each Disbursement this Period

772.37

NON CONTRIBUTION ACCOUNT

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 DATABASE MGMT & EMAIL COMMUNICATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : SB29.I951

Amount of Each Disbursement this Period

1024.06

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : SB29.I950

Amount of Each Disbursement this Period

3000.00

NON CONTRIBUTION ACCOUNT

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

4796.43

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. 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
09 / 02 / 2014

Transaction ID : SB29.I953

Amount of Each Disbursement this Period

47.99

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
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
09 / 16 / 2014

Transaction ID : SB29.I960

Amount of Each Disbursement this Period

277.99

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SB29.I961

Amount of Each Disbursement this Period

22013.39

NON CONTRIBUTION ACCOUNT

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

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

22339.37

**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. 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
09 / 17 / 2014

Transaction ID : **SB29.I952**

Amount of Each Disbursement this Period

3985.80

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement
DONATION

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
09 / 12 / 2014

Transaction ID : **SB29.I956**

Amount of Each Disbursement this Period

15000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement
DONATION

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
09 / 25 / 2014

Transaction ID : **SB29.I957**

Amount of Each Disbursement this Period

15000.00

NON CONTRIBUTION ACCOUNT

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

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

33985.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. USA AEPAY

Mailing Address 4929 WILSHIRE BLVD
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : SB29.I959

Amount of Each Disbursement this Period

20.00

NON CONTRIBUTION ACCOUNT

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

20.00

67330.77

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 52
	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 5950.00	Transaction ID : SD10.60101	
Amount Incurred This Period 1350.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7300.00

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.60109	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. 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 6060.69	Transaction ID : SD10.60102	
Amount Incurred This Period 5790.30	Payment This Period 1252.32	Outstanding Balance at Close of This Period 10598.67

1) SUBTOTALS This Period This Page (optional)..... ▶	19898.67
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 45 OF 52
	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 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 : SD10.60103	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2548.22

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.60107	
Amount Incurred This Period 12523.43	Payment This Period 0.00	Outstanding Balance at Close of This Period 12523.43

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

Outstanding Balance Beginning This Period 21438.24	Transaction ID : SD10.60105	
Amount Incurred This Period 40019.47	Payment This Period 18409.84	Outstanding Balance at Close of This Period 43047.87

1) SUBTOTALS This Period This Page (optional)..... ▶	58119.52
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 46 OF 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Outstanding Balance Beginning This Period <input type="text" value="5837.15"/>	Transaction ID : SD10.60104	
Amount Incurred This Period <input type="text" value="1474.20"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7311.35"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2135.00"/>	Transaction ID : SD10.60106	
Amount Incurred This Period <input type="text" value="465.00"/>	Payment This Period <input type="text" value="905.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1695.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9006.35"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="87024.54"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="87024.54"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CMDI NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2014 </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 69.71 </div>
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.S0003 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 17 / 2014 </div>
Purpose of Expenditure 7/1/14 EMAIL COMMUNICATION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>
Name of Federal Candidate Glenn Grothman	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI
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) ▶
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 77.62 </div>	

Full Name of Payee CMDI NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 14 / 2014 </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 8.47 </div>
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.S0005 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 17 / 2014 </div>
Purpose of Expenditure 7/14/14 EMAIL COMMUNICATION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>
Name of Federal Candidate Gary Palmer	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 8.47 </div>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M 78.18 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M </div>

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
M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CMDI NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 10.66
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.S0006 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure 7/30/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Weston Wamp	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>03</u> State: <u>TN</u>
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) ▶
59.43	

Full Name of Payee HSP DIRECT [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300	Amount 2087.23
City State Zip Code ASHBURN VA 20147	Transaction ID : SE.S0007 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure 9/11/14 DIRECT MAIL	Category/Type
Name of Federal Candidate Cory Gardner	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
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) ▶
8480.54	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10.66
(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 **10 / 20 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
20130 LAKEVIEW CENTER PLAZA
SUITE 300
City
ASHBURN State
VA Zip Code
20147
Purpose of Expenditure
9/11/14 DIRECT MAIL
Category/Type
Name of Federal Candidate
Terri Lynn Land
Support
Office Sought:
House
Senate
MI
Calendar Year-To-Date
Per Election for Office Sought
2658.16

Date of Public Distribution/Dissemination
09 / 11 / 2014
Amount
2087.24
Transaction ID : SE.S0010
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
20130 LAKEVIEW CENTER PLAZA
SUITE 300
City
ASHBURN State
VA Zip Code
20147
Purpose of Expenditure
9/11/14 DIRECT MAIL
Category/Type
Name of Federal Candidate
Steve Daines
Support
Office Sought:
House
Senate
MT
Calendar Year-To-Date
Per Election for Office Sought
2130.25

Date of Public Distribution/Dissemination
09 / 11 / 2014
Amount
2087.24
Transaction ID : SE.S0011
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: 10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
HSP DIRECT
MEMO ITEM
Mailing Address
20130 LAKEVIEW CENTER PLAZA
SUITE 300
City
ASHBURN State
VA Zip Code
20147
Purpose of Expenditure
9/11/14 DIRECT MAIL
Category/Type
Name of Federal Candidate
Joni Ernst
Support
Office Sought:
House
Senate
Disbursement For:
Primary
General
Calendar Year-To-Date
Per Election for Office Sought
2658.15

Date of Public Distribution/Dissemination
09 / 11 / 2014
Amount
2087.24
Transaction ID : SE.S0012
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Name of Federal Candidate
Support
Oppose
Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 228.26

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: 10 / 20 / 2014