

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.
PATRIOT VOICES PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 / /

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="22632.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="111121.94"/>	<input type="text" value="369904.25"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="133754.65"/>	<input type="text" value="405241.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="109360.96"/>	<input type="text" value="380848.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24393.69"/>	<input type="text" value="24393.69"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="44265.52"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PATRIOT VOICES PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7650.00	16950.00
(ii) Unitemized	30053.94	70341.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37703.94	87291.73
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	37703.94	87291.73
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	42.66	76.19
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	73375.34	282536.33
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	111121.94	369904.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	111121.94	369904.25

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	33315.63	86585.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33315.63	86585.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	376.63	5903.88
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	70668.70	283359.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	109360.96	380848.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109360.96	380848.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37703.94	87291.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37703.94	87291.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	33315.63	86585.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	42.66	76.19
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33272.97	86509.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. DIANNE S. COSTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3119 MISTY OAK DRIVE
 City State Zip Code
 HIGHLAND VILLAGE TX 75077-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CEMA OF NORTH TEXAS OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.91631
 Amount of Each Receipt this Period
 350.00
 Memo Item
 CONTRIBUTION

B. RONNA CROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 LEONARD WAY
 City State Zip Code
 ROCKWALL TX 75087-6791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CROSS COUNTRY OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.91639
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MARIAN DUNGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1068 CREEK XING
 City State Zip Code
 COPPELL TX 75019-6383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11.91634
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. THOMAS E. HAYDEN		Date of Receipt MM / DD / YYYY 05 / 19 / 2014
Mailing Address 4213 HUNTWICK LANE		Transaction ID : SA11.91635
City FLOWER MOUND	State TX	Zip Code 75028-8749
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer LIBERTY BANKERS LIFE	Occupation INVESTMENT OFFICER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. LISA R. HENDRICKSON		Date of Receipt MM / DD / YYYY 05 / 19 / 2014
Mailing Address 5108 CONNORS DRIVE		Transaction ID : SA11.91630
City FLOWER MOUND	State TX	Zip Code 75028-6004
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer INSPIRED STEWARDSHIP	Occupation OWNER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. MR. ALAN L. HERMANSON		Date of Receipt MM / DD / YYYY 05 / 05 / 2014
Mailing Address 12725 HILLCREST DRIVE		Transaction ID : SA11.88225
City STORY CITY	State IA	Zip Code 50248-8603
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer WOODLAND FARM	Occupation FARMER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. RON HILLIARD
Full Name (Last, First, Middle Initial)

Mailing Address 2461 SHERRI LANE

City FLOWER MOUND	State TX	Zip Code 75028-4240
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 19 / 2014
Transaction ID : SA11.91641

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. KEN HODGE
Full Name (Last, First, Middle Initial)

Mailing Address 1213 NOBLE WAY

City FLOWER MOUND	State TX	Zip Code 75022-8110
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation REALTOR
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 19 / 2014
Transaction ID : SA11.91632

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

C. DICKIE HUNTER
Full Name (Last, First, Middle Initial)

Mailing Address 5905 GIVERNY

City FLOWER MOUND	State TX	Zip Code 75022-5593
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FEC ID number of contributing federal political committee. **C**

Name of Employer RISE ENERGY	Occupation CFO
---------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 19 / 2014
Transaction ID : SA11.91633

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Mailing Address 3713 LIPPIZANER COURT

City FLOWER MOUND	State TX	Zip Code 75028-1691
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FEC ID number of contributing federal political committee. **C**

Name of Employer SHK DESIGNWORKS, LLC	Occupation DESIGNER
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2014

Transaction ID : SA11.91636

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 114 5TH AVENUE

City SEASIDE PARK	State NJ	Zip Code 08752-1721
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11.88066

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 6505 RED BUD DRIVE

City FLOWER MOUND	State TX	Zip Code 75022-5861
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FEC ID number of contributing federal political committee. **C**

Name of Employer DR. J/CENTERY	Occupation OWNER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2014

Transaction ID : SA11.91629

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.91957
Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. ANNETTE WEIR
Full Name (Last, First, Middle Initial)
Mailing Address 3208 DRUID WAY
City FLOWER MOUND State TX Zip Code 75028-2924
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 300.00

Date of Receipt 05 / 19 / 2014
Transaction ID : SA11.91628
Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

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

Date of Receipt 05 / 09 / 2014
Transaction ID : SA11.91403
Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 11 OF 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Mailing Address 2904 CORPORATE CIRCLE

City FLOWER MOUND	State TX	Zip Code 75028-2764
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	19	/	2014

Transaction ID : SA11.91627

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

Mailing Address 2904 CORPORATE CIRCLE

City FLOWER MOUND	State TX	Zip Code 75028-2764
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FEC ID number of contributing federal political committee. **C**

Name of Employer FLOWER MOUND FINANCIAL SERVICES	Occupation PARTNER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	19	/	2014

Transaction ID : SA11.96450

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

Mailing Address

City	State	Zip Code

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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 ▼ 430.00

Date of Receipt 05 / 07 / 2014
Transaction ID : SA11.95943
 Amount of Each Receipt this Period 130.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. GOLDA L. ADERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 108
 20610 OAK ST.
 City BRISTOW State IN Zip Code 47515-0108
 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 ▼ 280.00

Date of Receipt 05 / 05 / 2014
Transaction ID : SA11.96435
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. LYNNE ARCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 SAINT PETERS WALK
 City SUGAR LAND State TX Zip Code 77479-2525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARCHER VOLKSWAGEN KIA Occupation AUTO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 05 / 2014
Transaction ID : SA11.95002
 Amount of Each Receipt this Period 200.00
 Memo Item
 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 13 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. GEORGE BRIDGMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1092 87TH AVE W
 City State Zip Code
 DULUTH MN 55808-1419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11.95953
 Amount of Each Receipt this Period
 180.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. ELEANOR L. COBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 S VISTA ST
 City State Zip Code
 LOS ANGELES CA 90036-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : SA11.95387
 Amount of Each Receipt this Period
 175.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. MARIA E. CUETO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1931 SW 14TH TER
 City State Zip Code
 MIAMI FL 33145-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED REAL ESTATE BROKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : SA11.95956
 Amount of Each Receipt this Period
 230.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. LOIS S. DUMONT
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 593

City SAINT IGNATIUS State MT Zip Code 59865-0593

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11.95273

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. HERMAN R. GELBACH
Full Name (Last, First, Middle Initial)

Mailing Address 1280 SW NORMANDY TER

City NORMANDY PARK State WA Zip Code 98166-3634

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11.95769

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. ANNIE L. GRIMNER
Full Name (Last, First, Middle Initial)

Mailing Address 1255 HOEHNE RD

City CUERO State TX Zip Code 77954-2506

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11.95766

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. ANNIE L. GRIMNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1255 HOEHNE RD
 City CUERO State TX Zip Code 77954-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

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

B. MR. DONALD E E. HINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 8172 E GALINDA DR
 City TUCSON State AZ Zip Code 85750-2419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

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

C. MR. DONALD E E. HINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 8172 E GALINDA DR
 City TUCSON State AZ Zip Code 85750-2419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. STEPHEN KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2131 ROVER DR
 City LAKE HAVASU CITY State AZ Zip Code 86403-6831
 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : SA11.95829
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. HERBERT G. KRETZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 COTTAGE PL
 City HEMPSTEAD State NY Zip Code 11550-5802
 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
 05 / 29 / 2014
Transaction ID : SA11.95391
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. JANE O. KYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 SUMMERHAVEN DR. S
 City EAST SYRACUSE State NY Zip Code 13057-3119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : SA11.95950
 Amount of Each Receipt this Period
 155.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. CRAIG H. LAMPE
Full Name (Last, First, Middle Initial)

Mailing Address 14144 W VALLEY VIEW DR

City LITCHFIELD PARK State AZ Zip Code 85340-5052

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2014
Transaction ID : SA11.95714

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P.O. BOX 302

City WEBSTER State WI Zip Code 54893-0302

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 29 / 2014
Transaction ID : SA11.95333

Amount of Each Receipt this Period 75.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 524 OAK BRIDGE DR

City BALLWIN State MO Zip Code 63021-6142

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 07 / 2014
Transaction ID : SA11.95262

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. KERRY MCCAN
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 146

City VICTORIA	State TX	Zip Code 77902-0146
FEC ID number of contributing federal political committee. C		
Name of Employer MCFADDIN ENTERPRISES	Occupation RANCHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
05 / 29 / 2014
Transaction ID : SA11.95384

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. KERRY MCCAN
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 146

City VICTORIA	State TX	Zip Code 77902-0146
FEC ID number of contributing federal political committee. C		
Name of Employer MCFADDIN ENTERPRISES	Occupation RANCHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
05 / 29 / 2014
Transaction ID : SA11.95386

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. STEVEN G. MIHAYLO
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 19790

City RENO	State NV	Zip Code 89511-2471
FEC ID number of contributing federal political committee. C		
Name of Employer CREXENDO	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 85000.00	

Date of Receipt
05 / 20 / 2014
Transaction ID : SA11.91710

Amount of Each Receipt this Period
30000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	30300.00
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 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Full Name (Last, First, Middle Initial) B. MS. MARIA M. MONTEZ		Date of Receipt MM / DD / YYYY 05 / 07 / 2014
Mailing Address 3450 E PRESIDIO RD		Transaction ID : SA11.95257
City TUCSON	State AZ	Zip Code 85716-1622
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer UAHN	Occupation NURSE	<input type="checkbox"/> Memo Item 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) C. MRS. NANCY PIEHL		Date of Receipt MM / DD / YYYY 05 / 07 / 2014
Mailing Address 871 BURR OAK TRL		Transaction ID : SA11.95366
City WHITEWATER	State WI	Zip Code 53190-2961
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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 ▼
600.00

Date of Receipt

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

Transaction ID : SA11.95846

Amount of Each Receipt this Period
110.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. 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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

Transaction ID : SA11.95942

Amount of Each Receipt this Period
130.00

Memo Item
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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : SA11.95838

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. ANNE M. RYAN
Full Name (Last, First, Middle Initial)

Mailing Address 5402 PENNOCK POINT ROAD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.00

Date of Receipt

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

Transaction ID : SA11.95947

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. ANNE M. RYAN
Full Name (Last, First, Middle Initial)

Mailing Address 5402 PENNOCK POINT ROAD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.00

Date of Receipt

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

Transaction ID : SA11.95951

Amount of Each Receipt this Period
170.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. MARY B. RYSER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 476

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

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

Transaction ID : SA11.95948

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	470.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

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

Transaction ID : SA11.95952

Amount of Each Receipt this Period
180.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. GLORIA SCHLENSKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2847 COUNTY RD. 1500 E

City RANTOUL	State IL	Zip Code 61866-9709
-----------------	-------------	------------------------

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 ▼
210.00

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

Transaction ID : SA11.95625

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. ROSS SCHOLZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7800 SERUM AVE

City RALSTON	State NE	Zip Code 68127-4211
-----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11.95383

Amount of Each Receipt this Period
150.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. JOY SHELLENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 313 N 20TH AVE
 City BOZEMAN State MT Zip Code 59718-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2014
Transaction ID : SA11.95831
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. LOUISE P. SHOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 FRANZEL RD
 City RED BLUFF State CA Zip Code 96080-4209
 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 05 / 07 / 2014
Transaction ID : SA11.95197
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. HELEN W. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 629 W ROSE HILL AVE
 City SAINT LOUIS State MO Zip Code 63122-5700
 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 05 / 12 / 2014
Transaction ID : SA11.95390
 Amount of Each Receipt this Period 230.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. LEIGH A. STEWART
 Full Name (Last, First, Middle Initial)
 Mailing Address 3215 E CHANDLER AVE
 City EVANSVILLE State IN Zip Code 47714-0416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 05 / 05 / 2014
Transaction ID : SA11.95246
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. LEIGH A. STEWART
 Full Name (Last, First, Middle Initial)
 Mailing Address 3215 E CHANDLER AVE
 City EVANSVILLE State IN Zip Code 47714-0416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.95695
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. KENNETH J. STUDEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 65523 N CENTERVILLE RD
 City STURGIS State MI Zip Code 49091-9148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 05 / 2014
Transaction ID : SA11.94999
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. KENNETH J. STUDEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 65523 N CENTERVILLE RD
 City STURGIS State MI Zip Code 49091-9148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

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

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

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

C. MS. JOANNA WAITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 PINE CREEK AVE
 City JERSEY SHORE State PA Zip Code 17740-7650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. BETTY M. WHITEHEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5273 HILLDALE RD
 City ALEXANDER State AR Zip Code 72002-9489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

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

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

Date of Receipt 05 / 05 / 2014
Transaction ID : SA11.95814
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : **SB21B.I812**

Amount of Each Disbursement this Period

6.23

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : **SB21B.I807**

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : **SB21B.I808**

Amount of Each Disbursement this Period

189.90

Memo Item

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

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

206.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I801**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I805**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I809**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICES

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

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

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I811

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. HSP DIRECT

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

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

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I802

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. HSP DIRECT

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

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

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I803

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECT

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : **SB21B.I804**

Amount of Each Disbursement this Period

6771.19

Memo Item

Full Name (Last, First, Middle Initial)

B. HSP DIRECT

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB21B.I806**

Amount of Each Disbursement this Period

3570.00

Memo Item

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 M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : **SB21B.I813**

Amount of Each Disbursement this Period

109.98

Memo Item

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

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

10451.17

33268.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE, INC.

Mailing Address 105 EAST 6TH STREET

City State Zip Code
FREMONT NE 68025

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Ben Sasse

Office Sought: House
 Senate
 President
State: NE District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 12 / 2014

Transaction ID : **SB23.I815**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COTTON FOR SENATE

Mailing Address P.O. BOX 379

City State Zip Code
DARDANELLE AR 72834

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Tom Cotton

Office Sought: House
 Senate
 President
State: AR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : **SB23.I818**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Mailing Address P.O. BOX 125

City State Zip Code
LAUREL MS 39441

Purpose of Disbursement
IN-KIND CONTRIBUTION/EMAIL COMMUNICATION

Candidate Name
Chris McDainel

Office Sought: House
 Senate
 President
State: MS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.I819**

Amount of Each Disbursement this Period

3.30

Memo Item

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HANDEL FOR SENATE, INC.

Mailing Address 3970 OLD MILTON PARKWAY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Karen Handel

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : **SB23.I816**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JASON CONGER FOR U.S. SENATE

Mailing Address P.O. BOX 2058

City BEND State OR Zip Code 97709

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Jason Conger

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : **SB23.I817**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

City MARTINSBURG State WV Zip Code 25402

Purpose of Disbursement
CONTRIBUTION

Candidate Name
Alexander Mooney

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : **SB23.I814**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. STEVE DAINES FOR MONTANA

Mailing Address P.O. BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement
IN-KIND CONTRIBUTION/EMAIL COMMUNICATION

Candidate Name
Steve Daines

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: MT District:

Date of Disbursement
MM / DD / YYYY
05 / 14 / 2014

Transaction ID : **SB23.I820**

Amount of Each Disbursement this Period
1.85

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶ 5000.00

**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

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KEN PAXTON FOR ATTORNEY GENERAL

Mailing Address PO BOX 3476

City MCKINNEY State TX Zip Code 75070

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.I800

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TOM CORBETT FOR GOVERNOR

Mailing Address 200 NORTH 3RD STREET
14TH FLOOR

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION (PA)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.I799

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SHELLEY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.I788

Amount of Each Disbursement this Period

Memo Item

NON CONTRIBUTION ACCOUNT

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. 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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.I790

Amount of Each Disbursement this Period

4400.00

Memo Item
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.I798

Amount of Each Disbursement this Period

70.46

Memo Item
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.I793

Amount of Each Disbursement this Period

753.94

Memo Item
NON CONTRIBUTION ACCOUNT

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

5224.40

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. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I789

Amount of Each Disbursement this Period

12000.00

Memo Item
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I792

Amount of Each Disbursement this Period

60.32

Memo Item
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I795

Amount of Each Disbursement this Period

292.27

Memo Item
NON CONTRIBUTION ACCOUNT

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

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

12352.59

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB29.I796**

Amount of Each Disbursement this Period

3	0	2	0	7	.	6	7
---	---	---	---	---	---	---	---

Memo Item
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB29.I797**

Amount of Each Disbursement this Period

1	4	9	4	5	.	4	8
---	---	---	---	---	---	---	---

Memo Item
NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB29.I787**

Amount of Each Disbursement this Period

4	3	9	9	.	5	6
---	---	---	---	---	---	---

Memo Item
NON CONTRIBUTION ACCOUNT

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

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

4	9	5	2	.	7	1
---	---	---	---	---	---	---

7	0	6	2	9	.	7	0
---	---	---	---	---	---	---	---

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	10843.38
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Outstanding Balance Beginning This Period 376.63	Transaction ID : SD10.50105	
Amount Incurred This Period 0.00	Payment This Period 376.63	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 56580.21	Transaction ID : SD10.5010	
Amount Incurred This Period 0.00	Payment This Period 30478.83	Outstanding Balance at Close of This Period 26101.38

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

Outstanding Balance Beginning This Period 3427.26	Transaction ID : SD10.50104	
Amount Incurred This Period 599.94	Payment This Period 0.00	Outstanding Balance at Close of This Period 4027.20

1) SUBTOTALS This Period This Page (optional)..... ▶	30128.58
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 40 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor L & W GROUP	Nature of Debt (Purpose): PRINTING
Mailing Address 97 NORTH MAIN STREET	
City State Zip Code SPRING CITY PA 19475	

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	3293.56
2) TOTALS This Period (last page this line number only)..... ▶	44265.52
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	44265.52

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CMDI
Mailing Address 1593 SPRING HILL ROAD SUITE 400
City TYSONS CORNER State VA Zip Code 22182
Purpose of Expenditure 5/2/14 EMAIL COMMUNICATION
Name of Federal Candidate Alex Mooney
Calendar Year-To-Date Per Election for Office Sought 4.24
Date of Public Distribution/Dissemination 05 / 02 / 2014
Amount 2.12
Transaction ID : SE.m001
Date of Disbursement or Obligation
Office Sought: House District: 02 State: WV
Disbursement For: Primary General 2014

Full Name of Payee CMDI
Mailing Address 1593 SPRING HILL ROAD SUITE 400
City TYSONS CORNER State VA Zip Code 22182
Purpose of Expenditure 5/8/14 EMAIL COMMUNICATION
Name of Federal Candidate Ben Sasse
Calendar Year-To-Date Per Election for Office Sought 95.82
Date of Public Distribution/Dissemination 05 / 08 / 2014
Amount 4.59
Transaction ID : SE.mj002
Date of Disbursement or Obligation
Office Sought: Senate District: State: NE
Disbursement For: Primary General 2014

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CMDI
Mailing Address 1593 SPRING HILL ROAD SUITE 400
City TYSONS CORNER State VA Zip Code 22182
Purpose of Expenditure 5/12/14 EMAIL COMMUNICATION
Name of Federal Candidate Alex Mooney
Calendar Year-To-Date Per Election for Office Sought 4.24
Date of Public Distribution/Dissemination 05/12/2014
Amount 2.12
Transaction ID: SE.m003
Date of Disbursement or Obligation
Office Sought: House District: 02 State: WV
Disbursement For: Primary General 2014

Full Name of Payee CMDI
Mailing Address 1593 SPRING HILL ROAD SUITE 400
City TYSONS CORNER State VA Zip Code 22182
Purpose of Expenditure 5/12/14 EMAIL COMMUNICATION
Name of Federal Candidate Ben Sasse
Calendar Year-To-Date Per Election for Office Sought 95.82
Date of Public Distribution/Dissemination 05/12/2014
Amount 4.58
Transaction ID: SE.m004
Date of Disbursement or Obligation
Office Sought: Senate District: NE State: NE
Disbursement For: Primary General 2014

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CMDI <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 1.85
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.m005 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure 5/14/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Steve Daines <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 244.05	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CMDI <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 86.65
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.m006 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Sam Clovis <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 95.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

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

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

Nadine Maenza [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CMDI <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 86.65
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.m007 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Jason Conger <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 92.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CMDI <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 86.65
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.m008 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Tom Cotton <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 242.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

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

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

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

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CMDI <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 86.65
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.m009 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Steve Daines <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 244.05	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CMDI <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 86.65
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.m010 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Cory Gardner <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 242.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

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

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

Nadine Maenza [Electronically Filed]

Signature _____ Date **06 / 18 / 2014**

**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		M M M / D D D / Y Y Y Y Y Y _____ / _____ / _____

Full Name of Payee CMDI		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount _____ 86.65 Transaction ID : SE.m011 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y _____ / _____ / _____
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION		Category/Type _____
Name of Federal Candidate Karen Handel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
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) ▶ _____
_____ 101.99		_____

Full Name of Payee CMDI		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount _____ 86.65 Transaction ID : SE.m012 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y _____ / _____ / _____
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION		Category/Type _____
Name of Federal Candidate Terri Lynn Land		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
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) ▶ _____
_____ 242.20		_____

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

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Nadine Maenza
 Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
 _____ 06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CMDI <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 86.65
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.m013 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type []
Name of Federal Candidate Ben Sasse <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought 95.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CMDI <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 8.77
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SE.m014 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure 5/19/14 EMAIL COMMUNICATION	Category/Type []
Name of Federal Candidate Sam Clovis <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 95.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

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

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Nadine Maenza [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee CMDI		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014	
Mailing Address 1593 SPRING HILL ROAD SUITE 400				Amount 5.77	
City TYSONS CORNER	State VA	Zip Code 22182		Transaction ID : SE.m015	
Purpose of Expenditure 5/19/14 EMAIL COMMUNICATION		Category/Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Jason Conger		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		92.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CMDI		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014	
Mailing Address 1593 SPRING HILL ROAD SUITE 400				Amount 15.34	
City TYSONS CORNER	State VA	Zip Code 22182		Transaction ID : SE.m016	
Purpose of Expenditure 5/20/14 EMAIL COMMUNICATION		Category/Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Karen Handel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		101.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

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

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Nadine Maenza
Signature

[Electronically Filed]

Date **06 / 18 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

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

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

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

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

Signature _____