

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)

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="2013"/>		294498.82
(b) Cash on Hand at Beginning of Reporting Period.....	47203.95	
(c) Total Receipts (from Line 19)	120307.76	399975.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	167511.71	694474.69
7. Total Disbursements (from Line 31).....	146706.02	673669.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20805.69	20805.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	12065.70	

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)

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).....	1610.00	12110.00
(ii) Unitemized	14680.00	22106.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16290.00	34216.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16290.00	34216.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	159.08
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	104017.76	365600.79
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))..... ▶	120307.76	399975.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	120307.76	399975.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1894.44	38302.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1894.44	38302.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	20401.19	30150.84
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	20.00
(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	20.00
29. Other Disbursements	124410.39	605196.12
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)) ..	146706.02	673669.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	146706.02	673669.00

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)	16290.00	34216.00
34. Total Contribution Refunds (from Line 28(d))	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16290.00	34196.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1894.44	38302.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	159.08
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1894.44	38142.96

**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. MR. FRANK H. BEVENINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 BALTIMORE DRIVE
 City WILKES BARRE State PA Zip Code 18702-7902
 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 ▼ 240.00

Date of Receipt 07 / 16 / 2013
Transaction ID : SA11.46776
 Amount of Each Receipt this Period 240.00
 CONTRIBUTION

B. MS. DIANE EBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 ASH STREET
 City CRESSONA State PA Zip Code 17929-1325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation BUSINESS CO-OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2013
Transaction ID : SA11.49089
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MR. ROBERT D. FISHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 S FLORIDA AVE
 City DELAND State FL Zip Code 32720
 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 ▼ 360.00

Date of Receipt 07 / 24 / 2013
Transaction ID : SA11.47371
 Amount of Each Receipt this Period 120.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	610.00
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 7 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. Full Name (Last, First, Middle Initial)
MR. J. SMITH LANIER II

Mailing Address 2024 18TH STREET NW

City LANETT State AL Zip Code 36863-5502

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 ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2013

Transaction ID : SA11.46766

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1610.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. SUSAN BAILEY		Date of Receipt MM / DD / YYYY 08 / 19 / 2013
Mailing Address 5844 PILAR CT		Transaction ID : SA11.56042
City SAN JOSE	State CA	Zip Code 95120-1721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. VINAL BOWYER		Date of Receipt MM / DD / YYYY 08 / 01 / 2013
Mailing Address 2539 S WILLOW CREEK DR		Transaction ID : SA11.55723
City PERU	State IN	Zip Code 46970-7202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. JAMES CORRELL		Date of Receipt MM / DD / YYYY 08 / 01 / 2013
Mailing Address 46 BONAIRE DR		Transaction ID : SA11.56077
City DIX HILLS	State NY	Zip Code 11746-6502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SELF EMPLOYED	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. LOIS S. EDGERLY		Date of Receipt MM / DD / YYYY 08 / 07 / 2013
Mailing Address 32 HIGHLAND ST.		Transaction ID : SA11.56256
City CAMBRIDGE	State MA	Zip Code 02138-2210
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. LOIS S. EDGERLY		Date of Receipt MM / DD / YYYY 09 / 03 / 2013
Mailing Address 32 HIGHLAND ST.		Transaction ID : SA11.56293
City CAMBRIDGE	State MA	Zip Code 02138-2210
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MRS. WILMA M EDWARDS		Date of Receipt MM / DD / YYYY 08 / 16 / 2013
Mailing Address P.O. BOX 2948		Transaction ID : SA11.55737
City DEL MAR	State CA	Zip Code 92014-5948
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	NON CONTRIBUTION ACCOUNT

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

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

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. THOMAS FERRARO
 Mailing Address 54 FERRARO LANE
 City State Zip Code
 BUTLER PA 16002-9084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PERSONAL HOME CARE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2013
Transaction ID : SA11.56522
 Amount of Each Receipt this Period
 400.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MR. ROBERT D. FISHER
 Mailing Address 727 S FLORIDA AVE
 City State Zip Code
 DELAND FL 32720
 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 ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2013
Transaction ID : SA11.56300
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. MS. RUTH FOX
 Mailing Address 2520 ARLINGTON BLVD.
 City State Zip Code
 EL CERRITO CA 94530
 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 ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11.55743
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 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. RUTH FOX
Full Name (Last, First, Middle Initial)

Mailing Address 2520 ARLINGTON BLVD.

City EL CERRITO	State CA	Zip Code 94530
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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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

Transaction ID : SA11.56269

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P.O. BOX 457

City AT. HELENA	State CA	Zip Code 94574-0457
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2013

Transaction ID : SA11.46752

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P.O. BOX 457

City AT. HELENA	State CA	Zip Code 94574-0457
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

Transaction ID : SA11.51251

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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. AILEEN A. HARLINE
Full Name (Last, First, Middle Initial)

Mailing Address 412 LONE OAK DR

City SAINT LOUIS State MO Zip Code 63119-1322

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2013
Transaction ID : SA11.54945

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MS. AILEEN A. HARLINE
Full Name (Last, First, Middle Initial)

Mailing Address 412 LONE OAK DR

City SAINT LOUIS State MO Zip Code 63119-1322

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2013
Transaction ID : SA11.56500

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. FORREST D. HAYES
Full Name (Last, First, Middle Initial)

Mailing Address 56 WEXFORD ON THE GRN

City HILTON HEAD ISLAND State SC Zip Code 29928-6125

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : SA11.56302

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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. FORREST D. HAYES
Full Name (Last, First, Middle Initial)

Mailing Address 56 WEXFORD ON THE GRN

City HILTON HEAD ISLAND	State SC	Zip Code 29928-6125
----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2013

Transaction ID : SA11.56502

Amount of Each Receipt this Period

Amount	350.00
--------	--------

CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. MS. SHIRLEY HENDERSON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 787

City BEAVERCREEK	State OR	Zip Code 97004-0787
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2013

Transaction ID : SA11.55814

Amount of Each Receipt this Period

Amount	100.00
--------	--------

CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. MR. RICHARD D JACOBS
Full Name (Last, First, Middle Initial)

Mailing Address 4009 OREGON ST

City BAKERSFIELD	State CA	Zip Code 93306-4583
---------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation ENGINEER
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2013

Transaction ID : SA11.54804

Amount of Each Receipt this Period

Amount	99.00
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CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	249.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. LOUISE F. KELLY		Date of Receipt MM / DD / YYYY 07 / 02 / 2013 Transaction ID : SA11.54247
Mailing Address 11869 CENTER RD		Amount of Each Receipt this Period 100.00
City TRAVERSE CITY	State MI	Zip Code 49686-8887
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. MS. LOUISE F. KELLY		Date of Receipt MM / DD / YYYY 08 / 09 / 2013 Transaction ID : SA11.55824
Mailing Address 11869 CENTER RD		Amount of Each Receipt this Period 100.00
City TRAVERSE CITY	State MI	Zip Code 49686-8887
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. MS. LOUISE F. KELLY		Date of Receipt MM / DD / YYYY 08 / 27 / 2013 Transaction ID : SA11.56755
Mailing Address 11869 CENTER RD		Amount of Each Receipt this Period 50.00
City TRAVERSE CITY	State MI	Zip Code 49686-8887
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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 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

Full Name (Last, First, Middle Initial) A. MR. DON E. KILMER		Date of Receipt MM / DD / YYYY 07 / 19 / 2013
Mailing Address 4509 CYPERT RD		Transaction ID : SA11.54876
City YUKON	State OK	Zip Code 73099-3148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer ALA LTD	Occupation ACCOUNTANT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. ALICE O. LEBEWOHL		Date of Receipt MM / DD / YYYY 07 / 11 / 2013
Mailing Address 5500 CALLE REAL APT A-129		Transaction ID : SA11.54853
City SANTA BARBARA	State CA	Zip Code 93111-1692
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MRS. HILDA L. LEWIS		Date of Receipt MM / DD / YYYY 08 / 09 / 2013
Mailing Address 3440 BRUSH CREEK RD		Transaction ID : SA11.55716
City OKLAHOMA CITY	State OK	Zip Code 73120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 86.00
Name of Employer LEWIS MANUFACTURING COMPANY	Occupation CEO	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	321.00
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. 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 **325.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : SA11.53865
 Amount of Each Receipt this Period **75.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. CHARLES D. MISSAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5420 CONNECTICUT AVE. NW
 CHEVY CHASE HOUSE RM. 420
 City WASHINGTON State DC Zip Code 20015-2832
 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 **09 / 03 / 2013**
Transaction ID : SA11.55875
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. CHARLES D. MISSAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5420 CONNECTICUT AVE. NW
 CHEVY CHASE HOUSE RM. 420
 City WASHINGTON State DC Zip Code 20015-2832
 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 **08 / 19 / 2013**
Transaction ID : SA11.57490
 Amount of Each Receipt this Period **75.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 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. MICHAEL J MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 CROWN PASSAGE DR.
 City SAINT CHARLES State MO Zip Code 63303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CITI BANK Occupation MARKETING MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2013
Transaction ID : SA11.55878
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. MICHAEL J MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 CROWN PASSAGE DR.
 City SAINT CHARLES State MO Zip Code 63303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CITI BANK Occupation MARKETING MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2013
Transaction ID : SA11.56943
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LUNSFORD RICHARDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 WELL SPRING DR UNIT 1120
 City GREENSBORO State NC Zip Code 27410-8827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 01 / 2013
Transaction ID : SA11.56510
 Amount of Each Receipt this Period 200.00
 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 18 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. THOMAS E. RUNYON		Date of Receipt MM / DD / YYYY 08 / 19 / 2013
Mailing Address 1120 POTTER ROAD		Transaction ID : SA11.56513
City PARK RIDGE	State IL	Zip Code 60068-1602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SEEDBURO EQUIPMENT	Occupation PRESIDENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. MARGARET M. RUSKIN		Date of Receipt MM / DD / YYYY 08 / 01 / 2013
Mailing Address 333 E CARIBBEAN LN		Transaction ID : SA11.57103
City PHOENIX	State AZ	Zip Code 85022-3637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. ANNE M. RYAN		Date of Receipt MM / DD / YYYY 08 / 01 / 2013
Mailing Address 5402 PENNOCK POINT ROAD		Transaction ID : SA11.55894
City JUPITER	State FL	Zip Code 33458-3448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF EMPLOYED	Occupation MUSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	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 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

A. MR. HENRY SCHOLTEN
Full Name (Last, First, Middle Initial)

Mailing Address 7166 WISER SHORE LN

City LYNDEN	State WA	Zip Code 98264-9638
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

Transaction ID : SA11.54728

Amount of Each Receipt this Period

100.00

CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. MR. ALAN W. SHAW
Full Name (Last, First, Middle Initial)

Mailing Address 140 PARDUTON

City DALLAS	State TX	Zip Code 75229
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2013

Transaction ID : SA11.56295

Amount of Each Receipt this Period

150.00

CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. MR. WAYNE SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 186 N WAVERLY PL

City KENNEWICK	State WA	Zip Code 99336-3250
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

Transaction ID : SA11.54439

Amount of Each Receipt this Period

100.00

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. WAYNE SMITH		Date of Receipt MM / DD / YYYY 08 / 23 / 2013
Mailing Address 186 N WAVERLY PL		Transaction ID : SA11.56516
City KENNEWICK	State WA	Zip Code 99336-3250
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. JEFFREY STEINKAMP		Date of Receipt MM / DD / YYYY 08 / 13 / 2013
Mailing Address P.O. BOX 98		Transaction ID : SA11.56521
City ROCHESTER	State VT	Zip Code 05767-0098
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. JOHN STEUBY		Date of Receipt MM / DD / YYYY 07 / 17 / 2013
Mailing Address 88 ABERDEEN PL		Transaction ID : SA11.54345
City CLAYTON	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer JOHN J STEUBY CO	Occupation PRESIDENT	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).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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. ADA A. STRASENBURGH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 608
 City OCEAN VIEW State NJ Zip Code 08230-0608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 08 / 2013**
Transaction ID : SA11.56517
 Amount of Each Receipt this Period **200.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. THOMAS STRICKLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 11701 ROSSMOOR LANE
 City SAINT LOUIS State MO Zip Code 63128-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FREEDOM EQUITY GROUP Occupation INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 09 / 2013**
Transaction ID : SA11.56279
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. THOMAS STRICKLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 11701 ROSSMOOR LANE
 City SAINT LOUIS State MO Zip Code 63128-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FREEDOM EQUITY GROUP Occupation INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 01 / 2013**
Transaction ID : SA11.57254
 Amount of Each Receipt this Period **50.00**
 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 22 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. JOSEPH F. WELLS JR.		Date of Receipt MM / DD / YYYY 08 / 13 / 2013
Mailing Address 72 BARRE DR		Transaction ID : SA11.56919
City LANCASTER	State PA	Zip Code 17601-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B.		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	4895.00

**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: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2013

Transaction ID : SB21B.I394

Amount of Each Disbursement this Period

248.09

Category/
Type

Full Name (Last, First, Middle Initial)

B. AT CONFERENCE

Mailing Address P.O. BOX 2939

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
TELECONFERENCE SERVICE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2013

Transaction ID : SB21B.I396

Amount of Each Disbursement this Period

220.24

Category/
Type

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: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : SB21B.I392

Amount of Each Disbursement this Period

18.90

Category/
Type

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

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

248.09

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE SERVICES & CAGING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I386

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE SERVICES & CAGING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I387

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE SERVICES & CAGING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I388

Amount of Each Disbursement this Period

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: **00**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I391

Amount of Each Disbursement this Period

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: **00**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I393

Amount of Each Disbursement this Period

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: **00**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I395

Amount of Each Disbursement this Period

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: **00**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I398

Amount of Each Disbursement this Period

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: **00**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I400

Amount of Each Disbursement this Period

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: **00**

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I402

Amount of Each Disbursement this Period

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. 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: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : SB21B.I399

Amount of Each Disbursement this Period

109.98

Full Name (Last, First, Middle Initial)

B. 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: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2013

Transaction ID : SB21B.I401

Amount of Each Disbursement this Period

109.98

Full Name (Last, First, Middle Initial)

C. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2013

Transaction ID : SB21B.I397

Amount of Each Disbursement this Period

50.00

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

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

269.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : SB21B.I403

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE
SUITE 101A

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2013

Transaction ID : SB21B.I389

Amount of Each Disbursement this Period

73.05

Full Name (Last, First, Middle Initial)

C. US POSTAL SERVICE

Mailing Address 900 BRENTWOOD ROAD, NW

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2013

Transaction ID : SB21B.I385

Amount of Each Disbursement this Period

50.00

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

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

148.05

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. US POSTAL SERVICE

Mailing Address 900 BRENTWOOD ROAD, NW

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2013

Transaction ID : SB21B.I390

Amount of Each Disbursement this Period

165.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

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

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

165.00

1894.44

**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. QUIN HILLYER FOR CONGRESS

Mailing Address P.O. BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement
INKIND CONTRIBUTION - EMAIL COMMUNICATION

Candidate Name
Quin Hillyer

Office Sought: House
 Senate
 President
State: AL District: 01

Disbursement For: 2013
 Primary General
 Other (specify) ▼
SPECIAL PRIMARY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2012

Transaction ID : SB23.400

Amount of Each Disbursement this Period

6.65

[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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

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

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

0.00

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SHELLY 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: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I421**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I411**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I415**

Amount of Each Disbursement this Period

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. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I407**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I412**

Amount of Each Disbursement this Period

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I416**

Amount of Each Disbursement this Period

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. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
EMAIL COMMUNICATION

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2013

Transaction ID : **SB29.I417**

Amount of Each Disbursement this Period

2273.37

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
PAC DATABASE SERVICES & CAGING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2013

Transaction ID : **SB29.I418**

Amount of Each Disbursement this Period

743.50

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2013

Transaction ID : **SB29.I420**

Amount of Each Disbursement this Period

6000.00

NON CONTRIBUTION ACCOUNT

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

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

9016.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICES

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2013

Transaction ID : **SB29.I422**

Amount of Each Disbursement this Period

61.07

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: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2013

Transaction ID : **SB29.I423**

Amount of Each Disbursement this Period

61.07

NON CONTRIBUTION ACCOUNT

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: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2013

Transaction ID : **SB29.I424**

Amount of Each Disbursement this Period

61.07

NON CONTRIBUTION ACCOUNT

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

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

183.21

**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. 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: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2013

Transaction ID : **SB29.I408**

Amount of Each Disbursement this Period

391.47

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2013

Transaction ID : **SB29.I409**

Amount of Each Disbursement this Period

5.00

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: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2013

Transaction ID : **SB29.I413**

Amount of Each Disbursement this Period

349.58

NON CONTRIBUTION ACCOUNT

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

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

746.05

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2013

Transaction ID : SB29.I404

Amount of Each Disbursement this Period

33359.84

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2013

Transaction ID : SB29.I405

Amount of Each Disbursement this Period

17580.93

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2013

Transaction ID : SB29.I406

Amount of Each Disbursement this Period

52760.51

NON CONTRIBUTION ACCOUNT

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

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

103701.28

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KEN PAXTON CAMPAIGN

Mailing Address PO BOX 3476

City MCKINNEY State TX Zip Code 75070

Purpose of Disbursement
NON FEDERAL INKIND CONTRIBUTION - EMAIL COMMUNICATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2012

Transaction ID : **SB29.20918m**

Amount of Each Disbursement this Period

101.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. 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: 00

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2013

Transaction ID : **SB29.I419**

Amount of Each Disbursement this Period

4716.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. USA AEPAY

Mailing Address 4929 WILSHIRE BLVD
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2013

Transaction ID : **SB29.I410**

Amount of Each Disbursement this Period

219.95

NON CONTRIBUTION ACCOUNT

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

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

4935.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. USA AEPAY

Mailing Address 4929 WILSHIRE BLVD
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 05 / 2013

Transaction ID : SB29.I414

Amount of Each Disbursement this Period

20.00

NON CONTRIBUTION ACCOUNT

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

20.00

124400.39

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 FOLEY LARDNER LLP	Nature of Debt (Purpose): LEGAL SERVICES
Mailing Address 3000 K STREET, NW SUITE 600	
City State Zip Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 720.00	Transaction ID : SD10.800	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 720.00

B. 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 20377.27	Transaction ID : SD10.801	
Amount Incurred This Period 0.00	Payment This Period 20377.27	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SB10.802	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1720.00
2) TOTALS This Period (last page this line number only)..... ▶	
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) ▶	0.00

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 CMDI	Nature of Debt (Purpose): EMAIL COMMUNICATION/DATABASE SERVICE
Mailing Address 1593 SPRING HILL ROAD SUITE 400	
City State Zip Code TYSONS CORNER VA 22184	

Outstanding Balance Beginning This Period 4060.75	Transaction ID : SB10.803	
Amount Incurred This Period 1049.74	Payment This Period 2823.79	Outstanding Balance at Close of This Period 2286.70

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10805	
Amount Incurred This Period 3159.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3159.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor STRATEGY GROUP FOR PHONES, LLC	Nature of Debt (Purpose): TELECONFERENCE SERVICES
Mailing Address 7669 STAGERS LOOP	
City State Zip Code DELAWARE OH 43015	

Outstanding Balance Beginning This Period 4900.00	Transaction ID : SD10.806	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4900.00

1) SUBTOTALS This Period This Page (optional)..... ▶	10345.70
2) TOTALS This Period (last page this line number only)..... ▶	12065.70
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) ▶	12065.70

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 HSP DIRECT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 1698.11
City HERNDON	State VA
Zip Code 20171	Transaction ID : SB24.I0551
Purpose of Expenditure 6/12 DIRECT MAIL	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2013
Name of Federal Candidate Mark Begich	<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>AK</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee HSP DIRECT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 1698.11
City HERNDON	State VA
Zip Code 20171	Transaction ID : SB24.I0561
Purpose of Expenditure 6/12 DIRECT MAIL	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2013
Name of Federal Candidate Dick Durbin	<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>IL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3396.22
(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 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
6/12 DIRECT MAIL
Category/Type
Name of Federal Candidate
Al Franken
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1698.11

Date of Public Distribution/Dissemination
Amount
1698.11
Transaction ID : SB24.I0571
Date of Disbursement or Obligation
07 / 08 / 2013
Office Sought:
House Senate
District:
State: MN
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
6/12 DIRECT MAIL
Category/Type
Name of Federal Candidate
Mark Pryor
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1698.11

Date of Public Distribution/Dissemination
Amount
1698.11
Transaction ID : SB24.I0581
Date of Disbursement or Obligation
07 / 08 / 2013
Office Sought:
House Senate
District:
State: AR
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3396.22
(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: 09 / 12 / 2013

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 HSP DIRECT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 1698.11
City HERNDON	State VA
Zip Code 20171	Transaction ID : SB24.I0591
Purpose of Expenditure 6/12 DIRECT MAIL	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2013
Name of Federal Candidate Jeff Reed	<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>RI</u>
Calendar Year-To-Date Per Election for Office Sought 1698.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee HSP DIRECT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 13755 SUNRISE DRIVE SUITE 450	Amount 1698.11
City HERNDON	State VA
Zip Code 20171	Transaction ID : SB24.I0601
Purpose of Expenditure 6/12 DIRECT MAIL	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2013
Name of Federal Candidate Jeanne Shaheen	<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>NH</u>
Calendar Year-To-Date Per Election for Office Sought 1698.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3396.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Nadine Maenza
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
6/12 DIRECT MAIL
Category/Type
Name of Federal Candidate
Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1698.11

Date of Public Distribution/Dissemination
Amount
811.34
Transaction ID : SB24.I0611
Date of Disbursement or Obligation
07 / 08 / 2013
Office Sought:
House Senate
District:
State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
6/12 DIRECT MAIL
Category/Type
Name of Federal Candidate
Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1698.11

Date of Public Distribution/Dissemination
Amount
886.77
Transaction ID : SB24.I0612
Date of Disbursement or Obligation
07 / 12 / 2013
Office Sought:
House Senate
District:
State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1698.11
(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 09 / 12 / 2013
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	

Full Name of Payee HSP DIRECT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount 1698.10	
City HERNDON	State VA	Zip Code 20171	
Purpose of Expenditure 6/12 DIRECT MAIL	Category/ Type	Transaction ID : SB24.I0621 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 12 / 2013	
Name of Federal Candidate Mary Landrieu		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee HSP DIRECT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount 915.13	
City HERNDON	State VA	Zip Code 20171	
Purpose of Expenditure 6/12 DIRECT MAIL	Category/ Type	Transaction ID : SB24.I0631 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 12 / 2013	
Name of Federal Candidate Jeff Merkley		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2613.23
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Nadine Maenza
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
09 / 12 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
6/12 DIRECT MAIL
Category/Type
Name of Federal Candidate
Jeff Merkley
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1698.10

Date of Public Distribution/Dissemination
Amount
782.97
Transaction ID : SB24.I0632
Date of Disbursement or Obligation
07 / 18 / 2013
Office Sought:
House Senate
President
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
HSP DIRECT
Mailing Address
13755 SUNRISE DRIVE
SUITE 450
City
HERNDON State
VA Zip Code
20171
Purpose of Expenditure
6/12 DIRECT MAIL
Category/Type
Name of Federal Candidate
Mark Udall
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1698.10

Date of Public Distribution/Dissemination
Amount
1698.10
Transaction ID : SB24.I0641
Date of Disbursement or Obligation
07 / 18 / 2013
Office Sought:
House Senate
President
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2481.07
(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: 09 / 12 / 2013

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 NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 7.97
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SB24.I0681 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 16 / 2013
Purpose of Expenditure 3/26 EMAIL COMMUNICATION	Category/Type []
Name of Federal Candidate CURTIS BOSTIC	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President State: SC
Calendar Year-To-Date Per Election for Office Sought 23.92	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff

Full Name of Payee CMDI NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount 7.96
City State Zip Code TYSONS CORNER VA 22182	Transaction ID : SB24.I0691 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 16 / 2013
Purpose of Expenditure 3/26 EMAIL COMMUNICATION	Category/Type []
Name of Federal Candidate CURTIS BOSTIC	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President State: SC
Calendar Year-To-Date Per Election for Office Sought 23.92	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	20401.19

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 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2013

Signature