

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="2014"/>	<input type="text" value="35337.65"/>	<input type="text" value="35337.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="89232.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="455373.48"/>	<input type="text" value="1576141.23"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="544606.17"/>	<input type="text" value="1611478.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="107537.47"/>	<input type="text" value="1174410.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="437068.70"/>	<input type="text" value="437068.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="28009.94"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
PATRIOT VOICES PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16500.00	123798.00
(ii) Unitemized	41359.98	274269.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57859.98	398067.47
(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)	57859.98	398067.47
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	599.13
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	397513.50	1177474.63
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))..... ▶	455373.48	1576141.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	455373.48	1576141.23

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	34880.24	310484.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34880.24	310484.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	23000.00
24. Independent Expenditures (use Schedule E)	272.69	34690.62
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	72384.54	806234.88
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)) ..	107537.47	1174410.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107537.47	1174410.18

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)	57859.98	398067.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57859.98	398067.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	34880.24	310484.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	599.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34880.24	309885.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. MICHAEL J. DRISCOLL		Date of Receipt
Mailing Address 620 BAEDER STREET		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
JENKINTOWN	PA	19046-1508
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.120863
RETIRED	RETIRED	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="200.00"/>
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	CONTRIBUTION
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) B. MR. JAMES N. HESTON		Date of Receipt
Mailing Address 41 FRANKLIN SCHOOL WAY		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
METUCHEN	NJ	08840-1859
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.122028
MET LIFE	EXECUTIVE	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	CONTRIBUTION
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. MR. DAVID L. HOLLINGER		Date of Receipt
Mailing Address 755 WHITE OAK ROAD		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
DENVER	PA	17517-9106
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.124138
FOUR SEASONS PRODUCE, INC.	CHAIRMAN	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="5000.00"/>
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	CONTRIBUTION
	<input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5700.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. DEBORAH J. HOLLINGER
Full Name (Last, First, Middle Initial)

Mailing Address 755 WHITE OAK ROAD

City DENVER State PA Zip Code 17517-9106

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SA11.124139

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. MR. EUSTACE MITA
Full Name (Last, First, Middle Initial)

Mailing Address 2501 SEAPORT DR

City CHESTER State PA Zip Code 19013-2249

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

Name of Employer **MITA MANAGEMENT** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11.124137

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. MR. RUSSELL P. RIGGS
Full Name (Last, First, Middle Initial)

Mailing Address 6800 NORTH U.S. HIGHWAY 85

City SEDALIA State CO Zip Code 80135-8819

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

Name of Employer **DOUBLE R EXCAVATING, INC.** Occupation **CEO**

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
12 / 12 / 2014

Transaction ID : SA11.121661

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. EARL W. ROHRER
Full Name (Last, First, Middle Initial)

Mailing Address 52 POPLAR STREET

City GORDONVILLE State PA Zip Code 17529-9659

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 12 / 24 / 2014
Transaction ID : SA11.123006

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. MRS. HELEN D. ROOSEVELT
Full Name (Last, First, Middle Initial)

Mailing Address 235 E. 61ST STREET

City NEW YORK State NY Zip Code 10065-8203

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 09 / 2014
Transaction ID : SA11.121128

Amount of Each Receipt this Period 200.00

CONTRIBUTION

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

Mailing Address 1114 EAST 25TH ST.

City TULSA State OK Zip Code 74114-2614

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

Name of Employer SELF EMPLOYED Occupation MINERAL MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11.1052059

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	16500.00

**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 9 OF 55
<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. CATHERINE ALVERAN		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2014
Mailing Address 1820 W LINDNER AVE APT 123		Transaction ID : SA11.124577
City MESA State AZ Zip Code 85202-6545	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 280.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. EDWIN W. BIEDERMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2014
Mailing Address 1651 DOGWOOD CIR		Transaction ID : SA11.124265
City STATE COLLEGE State PA Zip Code 16803-3228	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 320.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. CHARLES E. BLEAKLEY		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2014
Mailing Address 8101 MISSION RD APT 107		Transaction ID : SA11.124503
City PRAIRIE VILLAGE State KS Zip Code 66208-5245	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer SELF EMPLOYED Occupation CONTRACT SPECIALIST	Aggregate Year-to-Date ▼ 375.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 10 OF 55
<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. GRADY O. BOWEN		Date of Receipt MM / DD / YYYY 12 / 03 / 2014
Mailing Address 5554 OVERLOOK CIR		Transaction ID : SA11.124494
City WINSTON SALEM	State NC	Zip Code 27105-1703
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 ▼ 705.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. ALAN A. BREGAR		Date of Receipt MM / DD / YYYY 12 / 18 / 2014
Mailing Address 104 MARQUETTE RD.		Transaction ID : SA11.124459
City SPRING VALLEY	State IL	Zip Code 61362-1612
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 55.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. GEORGE BRIDGMAN		Date of Receipt MM / DD / YYYY 12 / 18 / 2014
Mailing Address 1092 87TH AVE W		Transaction ID : SA11.124517
City DULUTH	State MN	Zip Code 55808-1419
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 180.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	335.00
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 55
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. MARY R. BROADFIELD		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 200 CONCORD DR		Transaction ID : SA11.124390
City NORMAL	State IL	Zip Code 61761-2755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 245.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. GEORGE BROSSARD		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address P.O. BOX 160		Transaction ID : SA11.124511
City RINGWOOD	State IL	Zip Code 60072-0160
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 ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MRS. ROBERTA CARPER		Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 4383 BEULAH RD		Transaction ID : SA11.124491
City KEEZLETOWN	State VA	Zip Code 22832-2107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF EMPLOYED	Occupation SELF EMPLOYED	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).....▶	290.00
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 55
<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. ROBERTA CARPER
Full Name (Last, First, Middle Initial)

Mailing Address 4383 BEULAH RD

City KEEZLETOWN State VA Zip Code 22832-2107

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

Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2014
Transaction ID : SA11.124570

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. JOHN R. CONKLIN
Full Name (Last, First, Middle Initial)

Mailing Address 206 LELAND ST

City BLOOMINGTON State IL Zip Code 61701-5644

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 28 / 2014
Transaction ID : SA11.124563

Amount of Each Receipt this Period 30.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. EVAN COWART
Full Name (Last, First, Middle Initial)

Mailing Address 316 COUNTY ROAD 4773

City BOYD State TX Zip Code 76023-5233

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 ▼ 330.00

Date of Receipt 12 / 18 / 2014
Transaction ID : SA11.124447

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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 55
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. MARY CROSBY
Full Name (Last, First, Middle Initial)

Mailing Address 3109 WHITWELL AVE

City State Zip Code
FREMONT IA 52561-9779

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 ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11.124485

Amount of Each Receipt this Period
75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 3109 WHITWELL AVE

City State Zip Code
FREMONT IA 52561-9779

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 ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11.124571

Amount of Each Receipt this Period
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. SUZANNE C. CROWELL
Full Name (Last, First, Middle Initial)

Mailing Address 1256 OAK GROVE AVENUE

City State Zip Code
SAN MARINO CA 91108-

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 ▼
825.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2014

Transaction ID : SA11.124519

Amount of Each Receipt this Period
180.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	305.00
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 55
<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. MARK F. CUMMINGS
Full Name (Last, First, Middle Initial)

Mailing Address 6123 N. FRANCISCO AVENUE

City CHICAGO	State IL	Zip Code 60659-2501
-----------------	-------------	------------------------

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 ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2014

Transaction ID : SA11.124364

Amount of Each Receipt this Period

30.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. KENNETH CUSTER
Full Name (Last, First, Middle Initial)

Mailing Address 766 GREEN LN

City BEDFORD	State PA	Zip Code 15522-1918
-----------------	-------------	------------------------

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 ▼
358.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11.124460

Amount of Each Receipt this Period

55.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MR. TOM L. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 72 MADONNA VIEW DR

City CAMBRIDGE	State VT	Zip Code 05444-9808
-------------------	-------------	------------------------

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

Name of Employer SMUGGLERS NOTCH RESORT	Occupation RESORT EMPLOYEE
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11.124484

Amount of Each Receipt this Period

75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 55
<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. ROSEMARY W. DE MORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5220 MADISON ST
 City SKOKIE State IL Zip Code 60077-2446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 08 / 2014
Transaction ID : SA11.124512
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. DAVID P. DOWLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 38287 MORNING GLORY COURT Unit 29
 City FRANKFORD State DE Zip Code 19945-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WALGREENS Occupation PHARMACIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 17 / 2014
Transaction ID : SA11.124436
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. LOIS S. DUMONT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 593
 City SAINT IGNATIUS State MT Zip Code 59865-0593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 22 / 2014
Transaction ID : SA11.124362
 Amount of Each Receipt this Period 30.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 55
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. LOIS S. EDGERLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 HIGHLAND ST.
 City CAMBRIDGE State MA Zip Code 02138-2210
 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 ▼ 725.00

Date of Receipt 12 / 18 / 2014
Transaction ID : SA11.124482
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MS. GRETA I. ERDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 13425 W OLD OAK LN.
 City NEW BERLIN State WI Zip Code 53151-2531
 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 ▼ 305.00

Date of Receipt 12 / 18 / 2014
Transaction ID : SA11.124316
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. THOMAS FERRARO JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 FERRARO LN
 City BUTLER State PA Zip Code 16002-9084
 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 12 / 31 / 2014
Transaction ID : SA11.124523
 Amount of Each Receipt this Period 400.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 55
<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. LORRAINE H. FINCH		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2014
Mailing Address 701 N MONTGOMERY ST		Transaction ID : SA11.124235
City Ojai	State CA	Zip Code 93023-1844
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 ▼ 205.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. RAYMOND N. FINK		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2014
Mailing Address P.O. BOX 134		Transaction ID : SA11.124510
City WILLIAMSTON	State MI	Zip Code 48895-0134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. FOSTER FRIESS		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014
Mailing Address P.O. BOX 9790		Transaction ID : SA11.124136
City JACKSON	State WY	Zip Code 83002-9790
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250000.00
Name of Employer FRIESS ASSOCIATES INC	Occupation INVESTOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250000.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	250150.00
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 55
<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. ARTHUR M. FRYER		Date of Receipt 12 / 18 / 2014 Transaction ID : SA11.124379
Mailing Address 2117 E CARSON ST APT B3		Amount of Each Receipt this Period 35.00
City PITTSBURGH	State PA	Zip Code 15203-1921
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MRS. BARBARA A. GILLIATT		Date of Receipt 12 / 22 / 2014 Transaction ID : SA11.124421
Mailing Address 217 E COUNTY ROAD 250 S		Amount of Each Receipt this Period 50.00
City PAOLI	State IN	Zip Code 47454-8301
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. MR. WILLIAM N. GODIN		Date of Receipt 12 / 18 / 2014 Transaction ID : SA11.124518
Mailing Address 34 STEINWAY CT		Amount of Each Receipt this Period 180.00
City BUFFALO	State NY	Zip Code 14221-3360
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation HARD MANUFACTURING	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional).....▶	265.00
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 55
<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. B J GRAMLICH		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2014
Mailing Address 11000 STIGLOR HILL RD		Transaction ID : SA11.124324
City VANCLEAVE	State MS	Zip Code 39565-7718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. PHYLLIS M. HAMILTON		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2014
Mailing Address 38120 STATE RTE. 518		Transaction ID : SA11.124388
City LISBON	State OH	Zip Code 44432-9712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 350.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. LUMAN W. HOLMAN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 08 / 2014
Mailing Address P.O. BOX 1528		Transaction ID : SA11.124405
City JACKSONVILLE	State TX	Zip Code 75766-1528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SELF EMPLOYED	Occupation LOGGER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 55
<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. STANLEY HOWLE		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2014
Mailing Address P.O. BOX 2931		Transaction ID : SA11.124572
City LUBBOCK	State TX	Zip Code 79408-2931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer H&H TRAILER SALES	Occupation TRAILER SLAESMAN	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

Full Name (Last, First, Middle Initial) B. MR. VILAS JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2014
Mailing Address 111 AZALEA PARK DR		Transaction ID : SA11.124521
City HENDERSONVILLE	State NC	Zip Code 28792-8229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 360.00
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 ▼ 700.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. PAULINE B. JONES		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2014
Mailing Address 3091 MILL VISTA RD UNIT 1013		Transaction ID : SA11.124479
City HIGHLANDS RANCH	State CO	Zip Code 80129-2420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	485.00
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 55
<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. MRS. MARY G. KOEHL		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2014
Mailing Address 1307 MANOR LAKE CT		Transaction ID : SA11.124387
City RICHMOND	State TX	Zip Code 77406-7999
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. JANE O. KYLE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2014
Mailing Address 215 SUMMERHAVEN DR. S		Transaction ID : SA11.124466
City EAST SYRACUSE	State NY	Zip Code 13057-3119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. SARA B. LEACH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014
Mailing Address 3002 HEATHERPARK DR.		Transaction ID : SA11.124475
City KINGWOOD	State TX	Zip Code 77345-2436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 55
	<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. KATHLEEN M. LUND		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2014
Mailing Address 1285 CLUB HOUSE DR		Transaction ID : SA11.124580
City PASADENA State CA Zip Code 91105-2728	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer ALAN LUND COMPANY Occupation EXECUTIVE	Aggregate Year-to-Date ▼ 950.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MRS. MARIE D. MASTERS		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2014
Mailing Address P.O. BOX 302		Transaction ID : SA11.124464
City WEBSTER State WI Zip Code 54893-0302	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 65.00
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 775.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. TRUDY MCCORY		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2014
Mailing Address 426 PARKWOOD DR		Transaction ID : SA11.124520
City PRATTVILLE State AL Zip Code 36067-4025	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 180.00
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 970.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	495.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
<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. TRUDY MCCORY		Date of Receipt
Mailing Address 426 PARKWOOD DR		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
PRATTVILLE	AL	36067-4025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.124579
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="970.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR. JAMES A. MEADOR		Date of Receipt
Mailing Address 917 FM 2497		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
DIBOLL	TX	75941-4945
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.124493
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. JAMES A. MEADOR		Date of Receipt
Mailing Address 917 FM 2497		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
DIBOLL	TX	75941-4945
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.124500
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	NON CONTRIBUTION ACCOUNT
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 55
	<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. GLENNA H. MEHLING		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2014
Mailing Address 1486 WILLIAR AVE		Transaction ID : SA11.124486
City CORYDON	State IN	Zip Code 47112-2216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer N/A	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. BARBARA J. MICKO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2014
Mailing Address 2059 SCARBROUGH RD		Transaction ID : SA11.124529A
City SPRINGFIELD	State IL	Zip Code 62702-2057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.00	NON CONTRIBUTION ACCOUNT CHARGED BACK \$35.00 ON 12/19/2014

Full Name (Last, First, Middle Initial) C. MS. BARBARA J. MICKO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014
Mailing Address 2059 SCARBROUGH RD		Transaction ID : SA11.124529B
City SPRINGFIELD	State IL	Zip Code 62702-2057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -35.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.00	NON CONTRIBUTION ACCOUNT CHARGED BACK

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 55
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. JENNIE S. MILAZZO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2014
Mailing Address 515 OVINGTON AVE APT 4K		Transaction ID : SA11.124190
City BROOKLYN	State NY	Zip Code 11209-1753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 320.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MR. MICHAEL J. MONTGOMERY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2014
Mailing Address 502 CROWN PASSAGE DR.		Transaction ID : SA11.124522
City SAINT CHARLES	State MO	Zip Code 63303-6293
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 360.00
Name of Employer CITI BANK	Occupation MARKETING MANAGER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. REGIS M. NOLAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2014
Mailing Address 43 LONSDALE RD		Transaction ID : SA11.124470
City ELK GROVE VLG	State IL	Zip Code 60007-3910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	445.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 55
<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. THOMAS J. O' BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 JOAN DRIVE
 City YONKERS State NY Zip Code 10704-2114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11.124381
 Amount of Each Receipt this Period 35.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. JOHN OGRADY
 Full Name (Last, First, Middle Initial)
 Mailing Address 61-8 MEETINGHOUSE VLG
 City MERIDEN State CT Zip Code 06450-6767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 08 / 2014
Transaction ID : SA11.124404
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. DALE OYHUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13973 FRANKS CREEK RD
 City MEDORA State ND Zip Code 58645-9700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11.124513
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 55
<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. JUDITH F. PALMER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2014
Mailing Address 2731 OCEAN DR.		Transaction ID : SA11.124455
City VERO BEACH	State FL	Zip Code 32963-2059
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. MS. KAREN D. PATRICK		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2014
Mailing Address N3546 HARDSCRABBLE RD		Transaction ID : SA11.124476
City DOUSMAN	State WI	Zip Code 53118-9409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer FAIRWAY TRANSIT	Occupation ADMINISTRATIVE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. ROBERT W. PETTIT		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2014
Mailing Address 3121 N. 103RD STREET		Transaction ID : SA11.124360
City MILWAUKEE	State WI	Zip Code 53222-3319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 350.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 55
<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. LELA M. PIVONKA
Full Name (Last, First, Middle Initial)

Mailing Address 2503 COUNTY ROAD 100

City CALDWELL	State TX	Zip Code 77836-1788
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	26	/	2014

Transaction ID : SA11.124569

Amount of Each Receipt this Period
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MR. LARRY POPPLEWELL
Full Name (Last, First, Middle Initial)

Mailing Address 7328 KIRKHAM

City DALLAS	State TX	Zip Code 75252-6338
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2014

Transaction ID : SA11.124481

Amount of Each Receipt this Period
75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MS. VIVIAN E. PRIDDY
Full Name (Last, First, Middle Initial)

Mailing Address 1329 LATIMER CT

City FORT WAYNE	State IN	Zip Code 46825-7250
--------------------	-------------	------------------------

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	/	D D	/	Y Y Y Y
12	/	18	/	2014

Transaction ID : SA11.124515

Amount of Each Receipt this Period
150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 55
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. LORRAINE M. RATAJECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 SAINT PAULS AVE
 APT 9R
 City JERSEY CITY State NJ Zip Code 07306-3736
 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 ▼ 440.00

Date of Receipt 12 / 17 / 2014
Transaction ID : SA11.124507
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. ERIK G. RENKEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 OSCAR STREET
 City EL CAMPO State TX Zip Code 77437-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VITAMIN POWER INC. Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1115.00

Date of Receipt 12 / 18 / 2014
Transaction ID : SA11.124394
 Amount of Each Receipt this Period 40.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MR. ERIK G. RENKEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 OSCAR STREET
 City EL CAMPO State TX Zip Code 77437-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VITAMIN POWER INC. Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1115.00

Date of Receipt 11 / 26 / 2014
Transaction ID : SA11.124576
 Amount of Each Receipt this Period 80.00
 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 30 OF 55
<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. MELVIN A. RIES		Date of Receipt M M / D D / Y Y Y Y Y 12 / 08 / 2014
Mailing Address 3585 ROUND BARN BLVD APT 329		Transaction ID : SA11.124272
City SANTA ROSA	State CA	Zip Code 95403-0145
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 ▼ 325.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. HELEN ROMPH		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2014
Mailing Address 229 PINE BLUFF AVE		Transaction ID : SA11.124514
City DELAND	State FL	Zip Code 32724-6976
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 ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MS. MARILYN R. RULE		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2014
Mailing Address 1 LAMATAN RD		Transaction ID : SA11.124340
City NEWARK	State DE	Zip Code 19711-2315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	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 31 OF 55
<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. LINDA J. SAHLI		Date of Receipt
Mailing Address 434 WERLEY RD N		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
EAST CANTON	OH	44730-1054
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.124344
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.00"/>	<input type="text" value="25.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. LINDA J. SAHLI		Date of Receipt
Mailing Address 434 WERLEY RD N		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
EAST CANTON	OH	44730-1054
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.124558
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.00"/>	<input type="text" value="25.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. ROY SENDER		Date of Receipt
Mailing Address 1019 W CAMINO DEL DESIERTO		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
GREEN VALLEY	AZ	85614-4758
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.124439
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="50.00"/>
		CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 55
<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. DANIEL . SHOEMAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2307 E 101ST WAY
 City THORNTON State CO Zip Code 80229-2712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation MAINTENANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 26 / 2014
Transaction ID : SA11.124546
 Amount of Each Receipt this Period 15.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. ALBERT N. STECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 HEMLOCK LN
 City SMITHTOWN State NY Zip Code 11787-3741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 22 / 2014
Transaction ID : SA11.124420
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. MARY J. STEMMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5656 MIDFOREST LN
 City CINCINNATI State OH Zip Code 45233-1903
 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 ▼ 255.00

Date of Receipt 12 / 18 / 2014
Transaction ID : SA11.124193
 Amount of Each Receipt this Period 10.00
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 55
<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. MARJORIE SWANSON
Full Name (Last, First, Middle Initial)

Mailing Address 15181 FORD RD APT CC114

City DEARBORN	State MI	Zip Code 48126-4689
------------------	-------------	------------------------

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
12	/	31	/	2014

Transaction ID : SA11.124424

Amount of Each Receipt this Period

50.00

CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. MRS. TERI L. SYKES
Full Name (Last, First, Middle Initial)

Mailing Address 12126 SE NELLA WAY

City HAPPY VALLEY	State OR	Zip Code 97086-9796
----------------------	-------------	------------------------

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

Name of Employer DRAYAGE COMPANY	Occupation PRESIDENT
-------------------------------------	-------------------------

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
12	/	03	/	2014

Transaction ID : SA11.124492

Amount of Each Receipt this Period

100.00

CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. MS. MIRIAN H. TADDEI
Full Name (Last, First, Middle Initial)

Mailing Address 4202 E BROADWAY RD
UNIT 16

City MESA	State AZ	Zip Code 85206-1042
--------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation DOCTOR
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2014

Transaction ID : SA11.124266

Amount of Each Receipt this Period

25.00

CONTRIBUTION
NON CONTRIBUTION ACCOUNT

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 55
<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. ENOCH THORSGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 39TH ST NE
 City NORTHWOOD State ND Zip Code 58267-9563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENOCH THORSGARD Occupation FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **635.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11.124505
 Amount of Each Receipt this Period **120.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MR. KENNETH TROUTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 10595 STRAIT LANE
 City DALLAS State TX Zip Code 75229-5424
 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 **145000.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11.124140
 Amount of Each Receipt this Period **100000.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MS. PAT E. TRULOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3516 E LAKE SHORE DR
 City TAYLORVILLE State IL Zip Code 62568-8941
 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 **395.00**

Date of Receipt **12 / 24 / 2014**
Transaction ID : SA11.124516
 Amount of Each Receipt this Period **150.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... **100270.00**
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 35 OF 55
<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. STEVE WEINSCHENK		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2014
Mailing Address 416 20TH AVE SW		Transaction ID : SA11.124508
City ROCHESTER	State MN	Zip Code 55902-4128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer APEX MACHINE WORKS	Occupation TECHNICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) B. MS. SHIRLEY R. WIDLACKI		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2014
Mailing Address 301 WENDWOOD DR		Transaction ID : SA11.124444
City NEWPORT NEWS	State VA	Zip Code 23602-7530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SELF EMPLOYED	Occupation CO-OWNER OF PAINTING COMPANY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. MR. THOMAS R. WILSON		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2014
Mailing Address 985 ORMA DR		Transaction ID : SA11.124257
City SAN DIEGO	State CA	Zip Code 92106-2815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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

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 36 OF 55
<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. ANITA WOLFF
Full Name (Last, First, Middle Initial)

Mailing Address 6348 ESTHER AVE NE

City ALBUQUERQUE State NM Zip Code 87109-3519

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

Name of Employer NM ATTY GENERAL Occupation PARALEGAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2014
Transaction ID : SA11.124440

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 567 N LINCOLN AVE

City DINUBA State CA Zip Code 93618-3303

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 12 / 24 / 2014
Transaction ID : SA11.124457

Amount of Each Receipt this Period 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 567 N LINCOLN AVE

City DINUBA State CA Zip Code 93618-3303

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 11 / 28 / 2014
Transaction ID : SA11.124574

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 37 OF 55
<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. IRENE C. YOUNG		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2014
Mailing Address 176 ANGEL HILL RD		Transaction ID : SA11.124560
City BURLINGTON FLATS	State NY	Zip Code 13315-3424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer BASSETT MEDICAL CENTER	Occupation STAFF ASSISTANT	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

Full Name (Last, First, Middle Initial) B. MARTIN'S FAMOUS PASTRY SHOPPE INC.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 1000 POTATO ROLL LANE		Transaction ID : SA11.124141
City CHAMBERSBURG	State PA	Zip Code 17202-8897
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) C. NORTH DALLAS HONEY COMPANY, LP		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 110740 BIG HORN TRAIL		Transaction ID : SA11.124143
City FRISCO	State TX	Zip Code 75035-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	30025.00
TOTAL This Period (last page this line number only).....▶	386925.00

**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. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MGMT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.I1122

Amount of Each Disbursement this Period

2800.00

Full Name (Last, First, Middle Initial)

B. AMBASSADOR ACCOUNTING, INC.

Mailing Address 7521 PRESIDENTIAL LANE

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PAC ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2014			

Transaction ID : SB21B.I1103

Amount of Each Disbursement this Period

159.50

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 FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2014			

Transaction ID : SB21B.I1116

Amount of Each Disbursement this Period

10.00

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

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

2969.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. CHAIN BRIDGE BANK

Mailing Address 1445 A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement PAC BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 31 / 2014

Transaction ID : **SB21B.I1117**

Amount of Each Disbursement this Period: 397.60

Category/Type

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

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement PAC CONTRIBUTION PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 22 / 2014

Transaction ID : **SB21B.I1106**

Amount of Each Disbursement this Period: 1857.89

Category/Type

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 EMAIL COMMUNICATION, DATABASE SERVICES, CONTRIB PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **SB21B.I1120**

Amount of Each Disbursement this Period: 165.14

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2420.63

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. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : SB21B.I1119

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. HSP DIRECT

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2014

Transaction ID : SB21B.I1107

Amount of Each Disbursement this Period

21143.40

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SB21B.I1124

Amount of Each Disbursement this Period

109.98

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

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

24253.38

**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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SB21B.I1126

Amount of Each Disbursement this Period

109.98

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:

Date of Disbursement

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

Transaction ID : SB21B.I1121

Amount of Each Disbursement this Period

2535.40

Full Name (Last, First, Middle Initial)

C. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2014

Transaction ID : SB21B.I1125

Amount of Each Disbursement this Period

86.00

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

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

2731.38

**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. ROY C. JONES, CFRE, LLC

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2014

Transaction ID : SB21B.I1123

Amount of Each Disbursement this Period

1875.00

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2014

Transaction ID : SB21B.I1104

Amount of Each Disbursement this Period

1.03

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2014

Transaction ID : SB21B.I1105

Amount of Each Disbursement this Period

9.30

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

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

1885.33

**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. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE
SUITE 101A

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PAC LIST SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 22 / 2014

Transaction ID : SB21B.I1108

Amount of Each Disbursement this Period

610.00

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 / 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)..... ▶

610.00

34870.22

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SHELLEY AHLERSMEYER

Mailing Address 84 POPLAR STREET

City WARSAW State IN Zip Code 46582

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I1140

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. JENNIFER LEE

Mailing Address 55 HARRIS ROAD EXT

City SALEM State CT Zip Code 06420

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I1142

Amount of Each Disbursement this Period

2000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC MGMT & FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB29.I1138

Amount of Each Disbursement this Period

2200.00

NON CONTRIBUTION ACCOUNT

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

6700.00

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. CARI ELIZABETH PEMBERTON

Mailing Address 12944 TRAVIS STREET

City OVERLAND PARK State KS Zip Code 66209

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB29.I1141**

Amount of Each Disbursement this Period

2000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2014

Transaction ID : **SB29.I1128**

Amount of Each Disbursement this Period

12.16

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 FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : **SB29.I1133**

Amount of Each Disbursement this Period

28.48

NON CONTRIBUTION ACCOUNT

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

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

2040.64

**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 FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : SB29.I1129

Amount of Each Disbursement this Period

442.15

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
NON-FEDERAL EMAIL COMMUNICATION (PA)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.I1134

Amount of Each Disbursement this Period

59.26

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 EMAIL COMMUNICATION, DATABASE SERVICES, CONTRIB
PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.I1136

Amount of Each Disbursement this Period

2335.80

NON CONTRIBUTION ACCOUNT

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

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

2837.21

**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

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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
NON-FEDERAL EMAIL COMMUNICATION (PA)

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
12 / 12 / 2014

Transaction ID : **SB29.I1144**

Amount of Each Disbursement this Period

61.07

Full Name (Last, First, Middle Initial)

B. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
NON-FEDERAL MAILING

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
12 / 04 / 2014

Transaction ID : **SB21B.I1118**

Amount of Each Disbursement this Period

2548.22

Full Name (Last, First, Middle Initial)

C. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
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
12 / 04 / 2014

Transaction ID : **SB29.I1135**

Amount of Each Disbursement this Period

3000.00

NON CONTRIBUTION ACCOUNT

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

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

5609.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COLON & COMPANY

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I1139**

Amount of Each Disbursement this Period

6000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I1131**

Amount of Each Disbursement this Period

233.50

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. HAMPTON INN WATERLOO IA

Mailing Address 2034 LAPORTE ROAD

City WATERLOO State IA Zip Code 50702

Purpose of Disbursement
PAC LODGING

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
12 / 05 / 2014

Transaction ID : **SB29.I1146**

Amount of Each Disbursement this Period

122.08

NON CONTRIBUTION ACCOUNT

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

6355.58

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2014

Transaction ID : **SB29.I1127**

Amount of Each Disbursement this Period

13593.28

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : **SB29.I1132**

Amount of Each Disbursement this Period

14325.44

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING & COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I1137**

Amount of Each Disbursement this Period

1992.10

NON CONTRIBUTION ACCOUNT

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

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

29910.82

**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. MADISON STRATEGIC VENTURES, LLC

Mailing Address 8270 GREENSBORO DRIVE
SUITE 810

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
PAC COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.I1143**

Amount of Each Disbursement this Period

2000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement
DONATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2014

Transaction ID : **SB29.I1147**

Amount of Each Disbursement this Period

15000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2014

Transaction ID : **SB29.I1145**

Amount of Each Disbursement this Period

36.00

NON CONTRIBUTION ACCOUNT

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

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

17036.00

**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. ROY C. JONES, CFRE, LLC

Mailing Address 4925 BOONSBORO RD #162

City LYNCHBURG State VA Zip Code 24503

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2014

Transaction ID : SB29.I1154

Amount of Each Disbursement this Period

1875.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. USA AEPAY

Mailing Address 4929 WILSHIRE BLVD
SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 08 / 2014

Transaction ID : SB29.I1130

Amount of Each Disbursement this Period

20.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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)..... ▶

1895.00

72384.54

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 55
	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 COMM, DATABASE, CONTRIB PROCESSING
Mailing Address 1593 SPRING HILL ROAD SUITE 400	
City State Zip Code TYSONS CORNER VA 22182	

Outstanding Balance Beginning This Period 4552.58	Transaction ID : SD10.60102	
Amount Incurred This Period 2504.08	Payment This Period 4479.16	Outstanding Balance at Close of This Period 2577.50

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

Outstanding Balance Beginning This Period 2548.22	Transaction ID : SD10.60103	
Amount Incurred This Period 0.00	Payment This Period 2548.22	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1800.47	Transaction ID : SD10.60105	
Amount Incurred This Period 23882.44	Payment This Period 1800.47	Outstanding Balance at Close of This Period 23882.44

1) SUBTOTALS This Period This Page (optional)..... ▶	26459.94
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 53 OF 55
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

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

Outstanding Balance Beginning This Period 272.69	Transaction ID : SD10.60107	
Amount Incurred This Period 0.00	Payment This Period 272.69	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1815.00	Transaction ID : SD10.60106	
Amount Incurred This Period 345.00	Payment This Period 610.00	Outstanding Balance at Close of This Period 1550.00

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1550.00
2) TOTALS This Period (last page this line number only)..... ▶	28009.94
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) ▶	28009.94

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
12/2/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Lee Zeldin
Support
Office Sought:
Senate
State: LA
Calendar Year-To-Date
Per Election for Office Sought
12.74

Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
6.37
Transaction ID : SE.D0001
Date of Disbursement or Obligation
Disbursement For:
Other (specify)
Runoff

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
12/6/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Mike Collins
Support
Office Sought:
Senate
State: LA
Calendar Year-To-Date
Per Election for Office Sought
12.74

Date of Public Distribution/Dissemination
12 / 06 / 2012
Amount
6.37
Transaction ID : SE.D0002
Date of Disbursement or Obligation
Disbursement For:
Other (specify)
Runoff

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza
[Electronically Filed]
Date: 01 / 30 / 2015

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 09 / 11 / 2014
Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300	Amount 272.69
City State Zip Code ASHBURN VA 20147	Transaction ID : SE.D0003 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2014
Purpose of Expenditure 9/11/14 DIRECT MAIL	Category/Type []
Name of Federal Candidate Cory Gardner	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 8494.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount []
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type []
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought []	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	272.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	272.69

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
01 / 30 / 2015

Signature _____