

**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.

**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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input checked="" type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> 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  /  /

06 / 01 / 2014 through 06 / 30 / 2014

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

Type or Print Name of Treasurer Nadine Maenza

Signature of Treasurer Nadine Maenza [Electronically Filed] Date  /  /

/  /

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

Office Use Only									
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**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**PATRIOT VOICES PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="35337.65"/>	<input type="text" value="35337.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24393.69"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="192491.26"/>	<input type="text" value="562395.51"/>
(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="216884.95"/>	<input type="text" value="597733.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="137442.02"/>	<input type="text" value="518290.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="79442.93"/>	<input type="text" value="79442.93"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="93478.83"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**PATRIOT VOICES PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15750.00	32700.00
(ii) Unitemized .....	4550.00	74891.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20300.00	107591.73
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20300.00	107591.73
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	133.71	209.90
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	172057.55	454593.88
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))..... ▶	192491.26	562395.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	192491.26	562395.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	21475.47	108060.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21475.47	108060.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	9000.00
24. Independent Expenditures (use Schedule E) .....	2127.35	8031.23
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	109839.20	393198.20
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)) ..	137442.02	518290.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	137442.02	518290.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20300.00	107591.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20300.00	107591.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	21475.47	108060.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	133.71	209.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21341.76	107850.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 54
	<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	

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

NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. H H FROST**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 667

City HOUSTON State TX Zip Code 77001-0667

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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11.96946**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**B. ERIC JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 837 S PARK TRAIL DR

City CARMEL State IN Zip Code 46032-4219

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 M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11.97152**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. MS. JUDITH LEHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1806 23RD ST

City PARKERSBURG State WV Zip Code 26101-3528

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  
 06 / 09 / 2014

**Transaction ID : SA11.94168**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial) <b>A. LEE ROY MITCHELL</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014 <b>Transaction ID : SA11.98174</b>
Mailing Address 12400 COIT RD.			Amount of Each Receipt this Period 5000.00
City DALLAS	State TX	Zip Code 75251-2069	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer CINEMARK, USA	Occupation EXECUTIVE CHAIRMAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. MS. K WALL</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014 <b>Transaction ID : SA11.96944</b>
Mailing Address PO BOX 667			Amount of Each Receipt this Period 5000.00
City HOUSTON	State TX	Zip Code 77001-	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation VOLUNTEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 54
<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. GOLDA L. ADERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 108  
 20610 OAK ST.  
 City BRISTOW State IN Zip Code 47515-0108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 06 / 11 / 2014  
**Transaction ID : SA11.98194**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MS. LYNNE ARCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 SAINT PETERS WALK  
 City SUGAR LAND State TX Zip Code 77479-2525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARCHER VOLKSWAGEN KIA Occupation AUTO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : SA11.98196**  
 Amount of Each Receipt this Period  
 230.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MS. DANA L. BRANAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9117 RIPLEY RD  
 City ATHENS State AL Zip Code 35611-7830  
 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 ▼ 375.00

Date of Receipt  
 06 / 25 / 2014  
**Transaction ID : SA11.98618**  
 Amount of Each Receipt this Period  
 145.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	395.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 54
<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) <b>A. MRS. MARY A. BURNS</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2014 <b>Transaction ID : SA11.98766</b>
Mailing Address 140 NEWTON ST APT 2 APT 2		Amount of Each Receipt this Period 50.00
City BRIGHTON	State MA	Zip Code 02135-1524
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. MS. LUCILLE E. CLAUSEN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : SA11.99030</b>
Mailing Address 10404 OSO AVE		Amount of Each Receipt this Period 155.00
City CHATSWORTH	State CA	Zip Code 91311-2544
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 ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>C. MS. ELEANOR L. COBB</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : SA11.99038</b>
Mailing Address 131 S VISTA ST		Amount of Each Receipt this Period 100.00
City LOS ANGELES	State CA	Zip Code 90036-2707
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 ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<b>TOTAL</b> 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 54
<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) <b>A. RODERICK H. CONRAD</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014
Mailing Address 4936 WINDWARD PL		<b>Transaction ID : SA11.99060</b>
City FERNANDINA	State FL	Zip Code 32034-5645
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD E. COOKE</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address P.O. BOX 148		<b>Transaction ID : SA11.99063</b>
City PUNGOTEAGUE	State VA	Zip Code 23422-0148
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 ▼ 235.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. SONDR A CROOK</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 12944 TRAVIS ST		<b>Transaction ID : SA11.99163</b>
City LEAWOOD	State KS	Zip Code 66209-
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 54
<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. RICK D. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4635 JASON ST

City DENVER	State CO	Zip Code 80211-2345
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FEC ID number of contributing federal political committee. **C**

Name of Employer DAVIS TENT & AWNING	Occupation OWNER
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : SA11.99183**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MS. LOIS S. EDGERLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 HIGHLAND ST.

City CAMBRIDGE	State MA	Zip Code 02138-2210
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : SA11.99489**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MR. GEORGE ELDRIDGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 411 W SHERMAN AVE

City NAMPA	State ID	Zip Code 83686-2627
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : SA11.99497**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> 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 54
<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. ELEANOR M. GEBHARDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 WHALERS CV.  
 City State Zip Code  
 BABYLON NY 11702-2924  
 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 ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : SA11.98484**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. HERMAN R. GELBACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1280 SW NORMANDY TER  
 City State Zip Code  
 NORMANDY PARK WA 98166-3634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11.98488**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. RICHARD M GILFILLAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 723 S FAIR ST  
 City State Zip Code  
 WELLINGTON KS 67152-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11.98555**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> 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 54
<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) <b>A. MR. RICHARD GLIELMI</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2014 <b>Transaction ID : SA11.98567</b>
Mailing Address 2108 FRED ILL JR CT		Amount of Each Receipt this Period 100.00
City PEARL RIVER	State NY	Zip Code 10965-3324
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. MS. RUTH K. GORMLY</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2014 <b>Transaction ID : SA11.98637</b>
Mailing Address 1220 RANCHO RD		Amount of Each Receipt this Period 55.00
City ARCADIA	State CA	Zip Code 91006-2240
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 ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>C. B JOSEPH GRAMLICH</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 <b>Transaction ID : SA11.98645</b>
Mailing Address 11000 STIGLOR HILL RD		Amount of Each Receipt this Period 35.00
City OCEAN SPRINGS	State MS	Zip Code 39565-7718
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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> 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 54
<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) <b>A. MS. PHYLLIS M. HAMILTON</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 38120 STATE RTE. 518		<b>Transaction ID : SA11.98799</b>
City LISBON	State OH	Zip Code 44432-9712
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 285.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. LA VERA M. HOPKINS</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014
Mailing Address 2816 SUMTER AVE		<b>Transaction ID : SA11.99072</b>
City MONTGOMERY	State AL	Zip Code 36109-2008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
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 ▼ 1275.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. STEPHEN KELLER</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014
Mailing Address 2131 ROVER DR		<b>Transaction ID : SA11.99324</b>
City LAKE HAVASU CITY	State AZ	Zip Code 86403-6831
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 320.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> 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 54
<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) <b>A. MR. HAROLD S KERZNER</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 530 FAIRVIEW AVE. APT. 301		<b>Transaction ID : SA11.99334</b>
City WESTWOOD	State NJ	Zip Code 07675-1656
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. ALICE O. LEBEWOHL</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014
Mailing Address 5500 CALLE REAL BLDG A129		<b>Transaction ID : SA11.99577</b>
City SANTA BARBARA	State CA	Zip Code 93111-
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 230.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MS. MARIE D. MASTERS</b>		Date of Receipt MM / DD / YYYY 06 / 25 / 2014
Mailing Address P.O. BOX 302		<b>Transaction ID : SA11.98501</b>
City WEBSTER	State WI	Zip Code 54893-0302
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	CONTRIBUTION
		NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	435.00
<b>TOTAL</b> 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 54
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

**A. MR. JOHN J. MCCARTNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2248 W 23RD ST  
 City CHICAGO State IL Zip Code 60608-3932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 27 / 2014**  
**Transaction ID : SA11.98516**  
 Amount of Each Receipt this Period **50.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. STEVEN G. MIHAYLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 19790  
 City RENO State NV Zip Code 89511-2471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CREXENDO Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **115000.00**

Date of Receipt **06 / 16 / 2014**  
**Transaction ID : SA11.98175**  
 Amount of Each Receipt this Period **30000.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LEE ROY MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12400 COIT RD.  
 City DALLAS State TX Zip Code 75251-2069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINEMARK, USA Occupation EXECUTIVE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 06 / 2014**  
**Transaction ID : SA11.98173**  
 Amount of Each Receipt this Period **5000.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... **35050.00**  
**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 54
<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. NANCY C. OAKES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 17TH ST N

City SAINT CLOUD	State MN	Zip Code 56303-
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2014  
**Transaction ID : SA11.98886**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MS. ROSEMARY ORTH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1900 MICHEL AVE

City MODESTO	State CA	Zip Code 95358-2220
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2014  
**Transaction ID : SA11.98957**

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2014  
**Transaction ID : SA11.99122**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<b>TOTAL</b> 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 54
<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. JUDITH A. RATAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1818 KATHY LN

City MIAMISBURG	State OH	Zip Code 45342-2628
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : SA11.99335**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MR. DALLAS E. REUTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2840 CORAL BROOKE DR

City SIERRA VISTA	State AZ	Zip Code 85650-5706
----------------------	-------------	------------------------

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
06	/	18	/	2014

**Transaction ID : SA11.99351**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
665.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : SA11.99542**

Amount of Each Receipt this Period  
120.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> 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 54
<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) <b>A. MS. LOUISE P. SHOFF</b>		Date of Receipt
Mailing Address 845 FRANZEL RD		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
RED BLUFF	CA	96080-4209
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.99625</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer		CONTRIBUTION
RETIRED		
Occupation		NON CONTRIBUTION ACCOUNT
RETIRED		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="245.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. FERDINAND J. SMITH</b>		Date of Receipt
Mailing Address 170 LINDEN OAKS DR		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
ROCHESTER	NY	14625-2836
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.98318</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="230.00"/>
Name of Employer		CONTRIBUTION
INFORMATION REQUESTED PER BEST EFFORTS		
Occupation		NON CONTRIBUTION ACCOUNT
INFORMATION REQUESTED PER BEST EFFORTS		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. HELEN W. SMITH</b>		Date of Receipt
Mailing Address 629 W ROSE HILL AVE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAINT LOUIS	MO	63122-5700
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.98311</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer		CONTRIBUTION
RETIRED		
Occupation		NON CONTRIBUTION ACCOUNT
RETIRED		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="830.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="455.00"/>
<b>TOTAL</b> 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 20 OF 54
<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. RAY A. STARCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3280 GRANVIEW RD

City GRANVILLE State OH Zip Code 43023-9353

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : SA11.98349**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MS. MARGARET J. THOMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 6191 RED FOX RUN

City TRAVERSE CITY State MI Zip Code 49686-6103

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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11.98726**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. 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 THROSGARD Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11.98727**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 54
<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) <b>A. MS. SANDRA TWAMLEY</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2014 <b>Transaction ID : SA11.98907</b>
Mailing Address 44 BRAYTON RD		Amount of Each Receipt this Period 250.00
City ROCHESTER	State NY	Zip Code 14616-
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MS. K WALL</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2014 <b>Transaction ID : SA11.96943</b>
Mailing Address PO BOX 667		Amount of Each Receipt this Period 90000.00
City HOUSTON	State TX	Zip Code 77001-
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation VOLUNTEER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 90000.00	

Full Name (Last, First, Middle Initial) <b>C. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014 <b>Transaction ID : SA17.01</b>
Mailing Address 315 FOXTAIL LANE		Amount of Each Receipt this Period 2500.00
City SPRING CITY	State PA	Zip Code 19475
FEC ID number of contributing federal political committee. C		PAC LIST EXPENSE
Name of Employer	Occupation	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	132835.00

**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 MANAGEMENT & 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
0	6		1	6		2	0	1	4

Transaction ID : SB21B.I833

Amount of Each Disbursement this Period

2	5	5	0	0	0
---	---	---	---	---	---

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : SB21B.I823

Amount of Each Disbursement this Period

5	2	4	0	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE SERVICES AND CONTRIBUTION PROCESSING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.I830

Amount of Each Disbursement this Period

4	0	7	6	2
---	---	---	---	---

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

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

3	4	8	1	6	9
---	---	---	---	---	---

3	4	8	1	6	9
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
EMAIL COMMUNICATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : **SB21B.I831**

Amount of Each Disbursement this Period

820.43

Full Name (Last, First, Middle Initial)

**B. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

Transaction ID : **SB21B.I821**

Amount of Each Disbursement this Period

244.74

Full Name (Last, First, Middle Initial)

**C. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

Transaction ID : **SB21B.I835**

Amount of Each Disbursement this Period

102.81

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

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

1167.98

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. HSP DIRECT**

Mailing Address 13755 SUNRISE VALLEY DRIVE  
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
PAC DIRECT MAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2014

**Transaction ID : SB21B.I824**

Amount of Each Disbursement this Period

4076.55

Full Name (Last, First, Middle Initial)

**B. HSP DIRECT**

Mailing Address 13755 SUNRISE VALLEY DRIVE  
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement  
PAC DIRECT MAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2014

**Transaction ID : SB21B.I826**

Amount of Each Disbursement this Period

1700.00

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : SB21B.I838**

Amount of Each Disbursement this Period

109.98

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

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

5886.53



**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. 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

MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : SB21B.I832

Amount of Each Disbursement this Period

2738.35

Full Name (Last, First, Middle Initial)

**B. L & W GROUP**

Mailing Address 97 NORTH MAIN STREET

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement  
PAC PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SB21B.I834

Amount of Each Disbursement this Period

651.85

Full Name (Last, First, Middle Initial)

**C. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT**

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement  
PAC LIST EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SB21B.I839

Amount of Each Disbursement this Period

2500.00

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

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

5890.20

**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 EXPENSE

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  
06 / 13 / 2014

Transaction ID : SB21B.I825

Amount of Each Disbursement this Period

1305.00

Full Name (Last, First, Middle Initial)

**B. TWELVE STONES, LLC**

Mailing Address 1221 FLOWER MOUND ROAD  
SUITE 100

City FLOWER MOUND State TX Zip Code 75028

Purpose of Disbursement  
PAC CATERING

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  
06 / 11 / 2014

Transaction ID : SB21B.I828

Amount of Each Disbursement this Period

3601.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS CC**

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO

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  
06 / 11 / 2014

Transaction ID : SB21B.I827

Amount of Each Disbursement this Period

3601.26

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

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

4906.26

21332.66

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address P.O. BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**Chris McDaniel**

Office Sought:  House  
 Senate  
 President  
State: MS District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : **SB23.I861**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. IOWANS FOR SAM CLOVIS**

Mailing Address P.O. BOX 3835

City SIOUX CITY State IA Zip Code 51102

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**Sam Clovis**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : **SB23.I859**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. SCHULTZ FOR IOWA**

Mailing Address P.O. BOX 3522

City URBANDALE State IA Zip Code 50323

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**Matt Schultz**

Office Sought:  House  
 Senate  
 President  
State: IA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : **SB23.I860**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

### A. STEVE DAINES FOR MONTANA

Mailing Address P.O. BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**Steve Daines**

Office Sought:  House  
 Senate  
 President  
State: MT District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : SB23.I862

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00
---------

4000.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. NADINE MAENZA**

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement  
PAC FUNDRAISING & MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : **SB29.I842**

Amount of Each Disbursement this Period

3300.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. SHELLEY AHLERSMEYER**

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : **SB29.I843**

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : **SB29.I857**

Amount of Each Disbursement this Period

75.52

NON CONTRIBUTION ACCOUNT

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

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

5875.52

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 04 / 2014

Transaction ID : **SB29.I852**

Amount of Each Disbursement this Period

942.01

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC DATABASE SERVICES, CONTRIBUTION PROCESSING & EMAILS

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  
06 / 16 / 2014

Transaction ID : **SB29.I845**

Amount of Each Disbursement this Period

1218.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. COLON & COMPANY**

Mailing Address 3405 EDLOE STREET  
SUITE 205A

City HOUSTON State TX Zip Code 77027

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : **SB29.I844**

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)..... ▶

5160.01

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 02 / 2014

Transaction ID : **SB29.I848**

Amount of Each Disbursement this Period

60.32

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. FIRSTMERIT BANK**

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement  
PAC BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 13 / 2014

Transaction ID : **SB29.I879**

Amount of Each Disbursement this Period

308.69

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. INFOCISION**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 18 / 2014

Transaction ID : **SB29.I855**

Amount of Each Disbursement this Period

25653.86

NON CONTRIBUTION ACCOUNT

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

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

26022.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PATRIOT VOICES PAC**

Full Name (Last, First, Middle Initial)

**A. 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  
06 / 30 / 2014

Transaction ID : **SB29.I856**

Amount of Each Disbursement this Period

17665.90

NON CONTRIBUTION ACCOUNT

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  
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  
06 / 16 / 2014

Transaction ID : **SB29.I846**

Amount of Each Disbursement this Period

3255.45

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. L & W GROUP**

Mailing Address 97 NORTH MAIN STREET

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement  
PAC PRINTING

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  
06 / 17 / 2014

Transaction ID : **SB29.I847**

Amount of Each Disbursement this Period

276.71

NON CONTRIBUTION ACCOUNT

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

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

21198.06



**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. 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) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : **SB29.I850**

Amount of Each Disbursement this Period

20000.00

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) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : **SB29.I851**

Amount of Each Disbursement this Period

30000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. TWELVE STONES, LLC**

Mailing Address 1221 FLOWER MOUND ROAD  
SUITE 100

City FLOWER MOUND State TX Zip Code 75028

Purpose of Disbursement  
PAC CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

Transaction ID : **SB29.I841**

Amount of Each Disbursement this Period

1528.74

**[MEMO ITEM]**  
NON CONTRIBUTION ACCOUNT

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

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

50000.00

**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. AMERICAN EXPRESS CC**

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO

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  
06 / 11 / 2014

**Transaction ID : SB29.I840**

Amount of Each Disbursement this Period

1528.74

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

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

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

1528.74

109785.20

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 54
	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 <b>NADINE MAENZA</b>	Nature of Debt (Purpose): MGMT & FUNDRAISING CONSULTING
Mailing Address 315 FOXTAIL LANE	
City State Zip Code SPRING CITY PA 19475	

Outstanding Balance Beginning This Period 3950.00	<b>Transaction ID : SD10.60101</b>	
Amount Incurred This Period 1700.00	Payment This Period 2550.00	Outstanding Balance at Close of This Period 3100.00

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

Outstanding Balance Beginning This Period 4345.16	<b>Transaction ID : SD10.60102</b>	
Amount Incurred This Period 2114.28	Payment This Period 2837.61	Outstanding Balance at Close of This Period 3621.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COLON &amp; COMPANY</b>	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	<b>Transaction ID : SD10.60103</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2548.22

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	9270.05
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 36 OF 54
	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 <b>HSP DIRECT</b>	Nature of Debt (Purpose): DIRECT MAIL
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450	
City State Zip Code HERNDON VA 20171	

Outstanding Balance Beginning This Period 26101.38	<b>Transaction ID : SD10.60105</b>	
Amount Incurred This Period 59528.05	Payment This Period 5776.55	Outstanding Balance at Close of This Period 79852.88

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

Outstanding Balance Beginning This Period 4027.20	<b>Transaction ID : SD10.60104</b>	
Amount Incurred This Period 1677.05	Payment This Period 2738.35	Outstanding Balance at Close of This Period 2965.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>L&amp;W Group</b>	Nature of Debt (Purpose): PRINTING
Mailing Address 97 NORTH MAIN STREET	
City State Zip Code SPRING CITY PA 19475	

Outstanding Balance Beginning This Period 928.56	<b>Transaction ID : SD10.60107</b>	
Amount Incurred This Period 0.00	Payment This Period 928.56	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	82818.78
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 37 OF 54
	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 <b>MG PRODUCTIONS</b>	Nature of Debt (Purpose): MEDIA PRODUCTION
Mailing Address 934 ROBIN STREET	
City State Zip Code HOUSTON TX 77019	

Outstanding Balance Beginning This Period 250.00	Transaction ID : SD10.60108	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SUNRISE DATA SERVICES</b>	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 2115.00	Transaction ID : SD10.60106	
Amount Incurred This Period 330.00	Payment This Period 1305.00	Outstanding Balance at Close of This Period 1140.00

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1390.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	93478.83
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	93478.83

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 02 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <b>2.12</b>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J001</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 16 / 2014</b>
Purpose of Expenditure 5/2/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Alex Mooney	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought <b>4.24</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 08 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <b>4.59</b>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J002</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 16 / 2014</b>
Purpose of Expenditure 5/8/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Ben Sasse	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought <b>95.82</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>6.71</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Nadine Maenza*  
Signature

[Electronically Filed]

Date **07 / 18 / 2014**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 12 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 2.12
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J003</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 16 / 2014
Purpose of Expenditure 5/12/14 EMAIL COMMUNICATION	Category/Type <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate Alex Mooney	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: WV
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 4.24	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 12 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 4.58
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J004</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 16 / 2014
Purpose of Expenditure 5/12/14 EMAIL COMMUNICATION	Category/Type <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate Ben Sasse	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: NE
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 95.82	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 6.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

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 / D D / Y Y Y Y Y Y 07 / 18 / 2014

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 16 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <b>86.65</b>
City State Zip Code <b>TYSONS CORNER VA 22182</b>	<b>Transaction ID : SE.J005</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 16 / 2014</b>
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate <b>Sam Clovis</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>100.24</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 16 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <b>86.65</b>
City State Zip Code <b>TYSONS CORNER VA 22182</b>	<b>Transaction ID : SE.J006</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 16 / 2014</b>
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate <b>Jason Conger</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>OR</b>
Calendar Year-To-Date Per Election for Office Sought <b>92.42</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>173.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Nadine Maenza*  
Signature

[Electronically Filed]

Date **07 / 18 / 2014**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <b>86.65</b>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J007</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 16 / 2014</b>
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Tom Cotton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ <b>242.20</b>

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <b>86.65</b>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J008</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 16 / 2014</b>
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Steve Daines	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ <b>245.88</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>173.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Nadine Maenza*  
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="border: 1px solid black; padding: 2px;">86.65</span>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J009</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 16 / 2014
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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"/> Other (specify) _____ District: _____ State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">242.20</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 16 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="border: 1px solid black; padding: 2px;">86.65</span>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J010</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 16 / 2014
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Karen Handel	<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"/> Other (specify) _____ District: _____ State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">101.99</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;">173.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;"> </span>

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 / D D / Y Y Y Y Y Y  
07 / 18 / 2014

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00528307       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          05 / 16 / 2014       </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          86.65       </div>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J011</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          06 / 16 / 2014       </div>
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Terri Lynn Land	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          242.20       </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          05 / 16 / 2014       </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          86.65       </div>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J012</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          06 / 16 / 2014       </div>
Purpose of Expenditure 5/16/14 EMAIL COMMUNICATION	Category/Type
Name of Federal Candidate Ben Sasse	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NE
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          95.82       </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          173.30       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          _____       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          _____       </div>

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

*Nadine Maenza*  
 Signature

[Electronically Filed]    Date 
M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00528307</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">05 / 19 / 2014</span> </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">8.77</span> </div>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J013</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">06 / 16 / 2014</span> </div>
Purpose of Expenditure 5/19/14 EMAIL COMMUNICATION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate Sam Clovis	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">100.24</span> </div>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">05 / 19 / 2014</span> </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">5.77</span> </div>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J014</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">06 / 16 / 2014</span> </div>
Purpose of Expenditure 5/19/14 EMAIL COMMUNICATION	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate Jason Conger	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">92.42</span> </div>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">14.54</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">14.54</span> </div>

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

*Nadine Maenza*  
 Signature

[Electronically Filed]    Date M M / D D / Y Y Y Y Y Y  
07 / 18 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 20 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 15.34
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J015</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 16 / 2014
Purpose of Expenditure 5/20/14 EMAIL COMMUNICATION	Category/Type <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate Karen Handel	<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"/> General State: GA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 101.99	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 29 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 690.90
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J016</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 16 / 2014
Purpose of Expenditure 5/29/14 EMAIL COMMUNICATION	Category/Type <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate Chris McDaniel	<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"/> General State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 694.20	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 706.24
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

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 / D D / Y Y Y Y Y Y  
07 / 18 / 2014

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00528307       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          04 / 23 / 2014       </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M</span>          77.76       </div>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J017</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          06 / 16 / 2014       </div>
Purpose of Expenditure 4/23/14 EMAIL COMMUNICATION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M</span> </div>
Name of Federal Candidate Matt Schultz	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M</span>          153.34       </div>	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          04 / 23 / 2014       </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M</span>          155.55       </div>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J018</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          06 / 16 / 2014       </div>
Purpose of Expenditure 4/23/14 EMAIL COMMUNICATION	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M</span> </div>
Name of Federal Candidate Tom Cotton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M</span>          242.20       </div>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M</span>          233.31       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M M</span> </div>

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

*Nadine Maenza*  
 Signature

[Electronically Filed]    Date 
M M M M / D D D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="border: 1px solid black; padding: 2px;">155.55</span>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J019</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 16 / 2014
Purpose of Expenditure 4/23/14 EMAIL COMMUNICATION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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"/> District: _____ <input type="checkbox"/> State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">242.20</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CMDI</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="border: 1px solid black; padding: 2px;">155.55</span>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J020</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 16 / 2014
Purpose of Expenditure 4/23/14 EMAIL COMMUNICATION	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Terri Lynn Land	<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"/> District: _____ <input type="checkbox"/> State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">242.20</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">311.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 / D D / Y Y Y Y Y Y  
07 / 18 / 2014

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
NON CONTRIBUTION ACCOUNT
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Date of Public Distribution/Dissemination
04 / 23 / 2014
Amount
155.55
Transaction ID : SE.J021
Date of Disbursement or Obligation
06 / 16 / 2014
Purpose of Expenditure
4/23/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Steve Daines
Support
Office Sought:
Senate
State: MT
Calendar Year-To-Date
Per Election for Office Sought
244.03
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
CMDI
MEMO ITEM
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Date of Public Distribution/Dissemination
06 / 24 / 2014
Amount
7.70
Transaction ID : SE.J022
Date of Disbursement or Obligation
Office Sought:
House
District: 01
State: NY
Name of Federal Candidate
Lee Zeldin
Support
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 155.55
(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: 07 / 18 / 2014



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
6/24/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Claudia Tenney
Support
Office Sought: House
District: 22
State: NY
Calendar Year-To-Date
Per Election for Office Sought
7.69

Date of Public Distribution/Dissemination
06 / 24 / 2014
Amount
7.69
Transaction ID : SE.J023
Date of Disbursement or Obligation
Disbursement For: Primary
2014

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
6/24/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Chris McDaniel
Support
Office Sought: Senate
State: MS
Calendar Year-To-Date
Per Election for Office Sought
49.56

Date of Public Distribution/Dissemination
06 / 24 / 2014
Amount
3.27
Transaction ID : SE.J024
Date of Disbursement or Obligation
Disbursement For: Other (specify)
Runoff
2014

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza [Electronically Filed] Date: 07 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
6/18/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Chris McDaniel
Support
Office Sought:
Senate
State: MS
Calendar Year-To-Date
Per Election for Office Sought
49.56

Date of Public Distribution/Dissemination
06 / 18 / 2014
Amount
3.28
Transaction ID : SE.J025
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
6/6/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Chris McDaniel
Support
Office Sought:
Senate
State: MS
Calendar Year-To-Date
Per Election for Office Sought
49.56

Date of Public Distribution/Dissemination
06 / 06 / 2014
Amount
43.01
Transaction ID : SE.J026
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.

Nadine Maenza
[Electronically Filed]
Date
07 / 18 / 2014
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>PATRIOT VOICES PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CMDI</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <span style="margin-left: 20px;">06 / 06 / 2014</span>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="margin-left: 20px;">43.01</span>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J027</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure 6/6/14 EMAIL COMMUNICATION	Category/Type <span style="margin-left: 20px;">[ ]</span>
Name of Federal Candidate Steve Daines	<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"/> District: _____ <input type="checkbox"/> State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ <span style="margin-left: 20px;">43.01</span>

Full Name of Payee <b>CMDI</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <span style="margin-left: 20px;">06 / 06 / 2014</span>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="margin-left: 20px;">43.01</span>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.J028</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure 6/6/14 EMAIL COMMUNICATION	Category/Type <span style="margin-left: 20px;">[ ]</span>
Name of Federal Candidate Matt Schultz	<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"/> District: _____ <input type="checkbox"/> State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ <span style="margin-left: 20px;">43.01</span> Convention

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">0.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;">[ ]</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;">[ ]</span>

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  
07 / 18 / 2014

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 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
6/2/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Steve Daines
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
244.03

Date of Public Distribution/Dissemination
06 / 02 / 2014
Amount
1.83
Transaction ID : SE.J029
Date of Disbursement or Obligation
Office Sought:
House
Senate
State: MS
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
6/2/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Chris McDaniel
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
694.20

Date of Public Distribution/Dissemination
06 / 02 / 2014
Amount
3.30
Transaction ID : SE.J030
Date of Disbursement or Obligation
Office Sought:
House
Senate
State: MS
Disbursement For:
Primary
General
Other (specify)

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

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

Nadine Maenza
[Electronically Filed]
Date
07 / 18 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC
FEC IDENTIFICATION NUMBER
C C00528307
Check if 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
6/2/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Matt Schultz
Support
Office Sought: House
District: 03
State: IA
Calendar Year-To-Date
Per Election for Office Sought
153.34

Date of Public Distribution/Dissemination
06 / 02 / 2014
Amount
4.82
Transaction ID : SE.J031
Date of Disbursement or Obligation
Disbursement For: Primary
2014

Full Name of Payee
CMDI
[MEMO ITEM]
Mailing Address
1593 SPRING HILL ROAD
SUITE 400
City
TYSONS CORNER
State
VA
Zip Code
22182
Purpose of Expenditure
6/2/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Sam Clovis
Support
Office Sought: Senate
State: IA
Calendar Year-To-Date
Per Election for Office Sought
100.24

Date of Public Distribution/Dissemination
06 / 02 / 2014
Amount
4.82
Transaction ID : SE.J032
Date of Disbursement or Obligation
Disbursement For: Primary
2014

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Nadine Maenza [Electronically Filed] Date: 07 / 18 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>CMDI</b> <b>[MEMO ITEM]</b> NON CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 14 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <b>-1.85</b>
City State Zip Code <b>TYSONS CORNER VA 22182</b>	<b>Transaction ID : SE.J033</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure 5/14/14 EMAIL COMMUNICATION(CORRECTION)	Category/Type
Name of Federal Candidate <b>Steve Daines</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
<b>244.03</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>2127.35</b>

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

Signature MM / DD / YYYY **07 / 18 / 2014**