

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Patriot Voices PAC

ADDRESS (number and street) 315 Foxtail Lane

Check if different than previously reported. (ACC) Spring City PA 19475 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00528307 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYYYY in the State of XX

(d) 30-Day **POST-Election** Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on 11 / 06 / 2018 in the State of PA

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

10 / 01 / 2018 through 11 / 26 / 2018

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 Maenza, Nadine, , ,

Signature of Treasurer Maenza, Nadine, , , *[Electronically Filed]* Date MM / DD / YYYYYY

12 / 05 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<input type="text"/>	<input type="text" value="971.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1032.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="100.00"/>	<input type="text" value="8958.37"/>
(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="1132.10"/>	<input type="text" value="9930.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="52.20"/>	<input type="text" value="8850.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1079.90"/>	<input type="text" value="1079.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="44272.90"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Patriot Voices PAC

Report Covering the Period: From: 10 / 01 / 2018 To: 11 / 26 / 2018

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).....	100.00	700.00
(ii) Unitemized	0.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	100.00	1000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	7958.37
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	100.00	8958.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	100.00	8958.37

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	28.20	8694.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28.20	8694.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	24.00	156.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	52.20	8850.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52.20	8850.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	100.00	1000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.00	1000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	28.20	8694.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28.20	8694.13

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

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)

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

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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallo, Mary Jo, , ,

Mailing Address 130 Five Mile River Road

City Darien	State CT	Zip Code 06820
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2018

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
100.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

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NAME OF COMMITTEE (In Full)
Patriot Voices PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
PAC Contribution Processing

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4157

Amount of Each Disbursement this Period

[REDACTED] 4.20

Memo Item

Full Name (Last, First, Middle Initial)

B. PNC

Mailing Address 825 N Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Bank Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4158

Amount of Each Disbursement this Period

[REDACTED] 12.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PNC

Mailing Address 825 N Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Bank Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4159

Amount of Each Disbursement this Period

[REDACTED] 12.00

Memo Item

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

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

[REDACTED] 28.20

[REDACTED] 28.20

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

A. PNC Full Name (Last, First, Middle Initial) Mailing Address 825 N Washington Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Non-Cont PAC Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 01 / 2018 FEC Identification Number C Transaction ID : SB29.4165 Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Memo Item
B. PNC Full Name (Last, First, Middle Initial) Mailing Address 825 N Washington Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Non-Cont PAC Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 01 / 2018 FEC Identification Number C Transaction ID : SB29.4166 Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Memo Item
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type			Date of Disbursement M M / D D / Y Y Y Y Y Y FEC Identification Number C Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ▶			24.00
TOTAL This Period (last page this line number only)..... ▶			24.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 11
	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 Brabender Cox LLC			Nature of Debt (Purpose): IE Media Production
Mailing Address 1218 Grandview Avenue			
City Pittsburgh	State PA	Zip Code 15211	

Outstanding Balance Beginning This Period 3250.00	Transaction ID : SD10.4118	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brabender Cox LLC.			Nature of Debt (Purpose): Media Production
Mailing Address 1218 Grandview Avenue			
City Pittsburgh	State PA	Zip Code 15211	

Outstanding Balance Beginning This Period 3250.00	Transaction ID : SD10.4119	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HSP			Nature of Debt (Purpose): IE Direct Mail
Mailing Address 20130 Lakeview Center Plaza Suite 300			
City Ashburn	State VA	Zip Code 20147	

Outstanding Balance Beginning This Period 2158.89	Transaction ID : SD10.4120	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2158.89

1) SUBTOTALS This Period This Page (optional)..... ▶	8658.89
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 11
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Patriot Voices PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch & Hoos LLC			Nature of Debt (Purpose): Compliance Consulting
Mailing Address 901 N Washington Street Suite 700			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="11560.75"/>	Transaction ID : SD10.4121	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11560.75"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Maenza, Nadine, , ,			Nature of Debt (Purpose): Management & Fundraising Consulting
Mailing Address 315 Foxtail Lane			
City Spring City	State PA	Zip Code 19475	

Outstanding Balance Beginning This Period <input type="text" value="20762.60"/>	Transaction ID : SD10.4122	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20762.60"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise Data Services			Nature of Debt (Purpose): List Expense
Mailing Address 44845 Falcon Place Suite 101A			
City Dulles	State VA	Zip Code 20166	

Outstanding Balance Beginning This Period <input type="text" value="2914.45"/>	Transaction ID : SD10.4123	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2914.45"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="35237.80"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	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 Washington Intelligence Bureau			Nature of Debt (Purpose): Contribution Processing
Mailing Address 4128 Pepsi Place			
City Chantilly	State VA	Zip Code 20151	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4124	
376.21			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	376.21	

B. 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	

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	376.21
2) TOTALS This Period (last page this line number only)..... ▶	44272.90
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	44272.90