

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2014 through 04 / 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 05 / 20 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Patriot Voices PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="35337.65"/>	<input type="text" value="35337.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15809.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="82511.94"/>	<input type="text" value="258782.31"/>
(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="98320.95"/>	<input type="text" value="294119.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75688.24"/>	<input type="text" value="271487.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22632.71"/>	<input type="text" value="22632.71"/>
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="73055.96"/>	

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).....	500.00	9300.00
(ii) Unitemized .....	10125.79	40287.79
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10625.79	49587.79
(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) .....	10625.79	49587.79
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	33.53
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	71886.15	209160.99
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))..... ▶	82511.94	258782.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	82511.94	258782.31

**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 .....	873.99	53269.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	873.99	53269.70
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) .....	1511.06	5527.25
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 .....	73303.19	212690.30
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)) ..	75688.24	271487.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75688.24	271487.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10625.79	49587.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10625.79	49587.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	873.99	53269.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	33.53
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	873.99	53236.17

**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 26  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. MS. BETTY D. GODARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2637 N. REVERE ROAD  
City AKRON State OH Zip Code 44333-1227  
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 04 / 21 / 2014  
**Transaction ID : SA11.85913**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. MR. C. E. ROSEMAN JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2128  
City HICKORY State NC Zip Code 28603-2128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer C. R. LAINE Occupation C.E.O.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 28 / 2014  
**Transaction ID : SA11.86376**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

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

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

**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 7 OF 26
<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. GOLDA L. ADERS</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2014 <b>Transaction ID : SA11.90649</b>
Mailing Address P.O. BOX 108 20610 OAK ST.		Amount of Each Receipt this Period 50.00
City BRISTOW	State IN	Zip Code 47515-0108
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 ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B. MR. VINAL BOWYER</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2014 <b>Transaction ID : SA11.90905</b>
Mailing Address 2539 S WILLOW CREEK DR		Amount of Each Receipt this Period 100.00
City PERU	State IN	Zip Code 46970-7202
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. MS. ELEANOR L. COBB</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2014 <b>Transaction ID : SA11.90402</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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 8 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. MS. LOIS S. EDGERLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 HIGHLAND ST.  
 City CAMBRIDGE State MA Zip Code 02138-2210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **04 / 23 / 2014**  
**Transaction ID : SA11.90911**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. MR. ROBERT C. GLENN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13240 N TATUM BLVD. APT 204  
 City PHOENIX State AZ Zip Code 85032-6474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : SA11.90921**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. MR. DONALD E. HINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8172 E GALINDA DR  
 City TUCSON State AZ Zip Code 85750-2419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **660.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : SA11.90963**  
 Amount of Each Receipt this Period **230.00**  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>430.00</b>
<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 26
<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. STEVEN G. MIHAYLO</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2014
Mailing Address P.O. BOX 19790		<b>Transaction ID : SA11.89789</b>
City RENO	State NV	Zip Code 89511-2471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30000.00
Name of Employer IMERCHANT	Occupation CEO	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55000.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. IRENE M. NAVRATIL</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2014
Mailing Address 10720 S WASHINGTON ST APT 105		<b>Transaction ID : SA11.90227</b>
City OAK LAWN	State IL	Zip Code 60453-6324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. WINFORD T. NOWELL</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2014
Mailing Address 8 ROLLINS ST		<b>Transaction ID : SA11.90957</b>
City GROVELAND	State MA	Zip Code 01834-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30155.00
<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 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. MR. ERIK G. RENKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 OSCAR STREET

City EL CAMPO State TX Zip Code 77437-5034

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

Name of Employer VITAMIN POWER INC. Occupation SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2014  
**Transaction ID : SA11.90823**

Amount of Each Receipt this Period  
 90.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MR. ERIK G. RENKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 OSCAR STREET

City EL CAMPO State TX Zip Code 77437-5034

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

Name of Employer VITAMIN POWER INC. Occupation SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : SA11.90824**

Amount of Each Receipt this Period  
 90.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MS. HELEN W. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 629 W ROSE HILL AVE

City SAINT LOUIS State MO Zip Code 63122-5700

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11.90522**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<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 26
<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. RAY A STARCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 28 / 2014
Mailing Address 3280 GRANVIEW RD		<b>Transaction ID : SA11.90524</b>
City GRANVILLE	State OH	Zip Code 43023-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MS. PAT E. TRULOCK</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2014
Mailing Address 3516 E LK. SHR. DR.		<b>Transaction ID : SA11.90386</b>
City TAYLORVILLE	State IL	Zip Code 62568-8941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR. ANTHONY L. VALENTINE</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2014
Mailing Address 864 NIAGARA ST		<b>Transaction ID : SA11.90542</b>
City ELMONT	State NY	Zip Code 11003-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<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 26
<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. JOANNA WAITE**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 PINE CREEK AVE

City JERSEY SHORE State PA Zip Code 17740-7650

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : SA11.90923**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. MRS. SANDY WATERFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 447

City CANADIAN State TX Zip Code 79014-0447

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : SA11.90523**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. MS. SHIRLEY R. WIDLACKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 WENDWOOD DR

City NEWPORT NEWS State VA Zip Code 23602-7530

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

Name of Employer SELF EMPLOYED Occupation CO-OWNER OF PAINTING COMPANY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : SA11.90647**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 26
<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. DONALD A. WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 181

City SOUTH DEERFIELD State MA Zip Code 01373-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014  
**Transaction ID : SA11.90525**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BOSTIC LAW FIRM, PA**  
Full Name (Last, First, Middle Initial)

Mailing Address 834 WAPPOO ROAD

City CHARLESTON State SC Zip Code 29407-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11.89788**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33425.00

**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. 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 M	/	D D D	/	Y Y Y Y Y
04		02		2014

**Transaction ID : SB21B.I767**

Amount of Each Disbursement this Period

83.54
-------

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

**Transaction ID : SB21B.I772**

Amount of Each Disbursement this Period

62.43
-------

Full Name (Last, First, Middle Initial)

**C. HSP DIRECT**

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

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

Purpose of Disbursement  
**PAC DIRECT MAIL**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

**Transaction ID : SB21B.I769**

Amount of Each Disbursement this Period

559.70
--------

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

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

705.67
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
PAC SOFTWARE & DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2014

Transaction ID : SB21B.I773

Amount of Each Disbursement this Period

109.98

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

109.98

815.65

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SHELLY AHLERSMEYER**

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement  
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 15 / 2014

Transaction ID : SB29.I778

Amount of Each Disbursement this Period

2500.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. NADINE MAENZA**

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement  
PAC MGMT & FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 15 / 2014

Transaction ID : SB29.I779

Amount of Each Disbursement this Period

9900.00

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

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : SB29.I786

Amount of Each Disbursement this Period

27.64

NON CONTRIBUTION ACCOUNT

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

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

12427.64



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : **SB29.I781**

Amount of Each Disbursement this Period

782.27

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 & EMAILS

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  
04 / 15 / 2014

Transaction ID : **SB29.I774**

Amount of Each Disbursement this Period

1716.78

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  
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  
04 / 15 / 2014

Transaction ID : **SB29.I780**

Amount of Each Disbursement this Period

12000.00

NON CONTRIBUTION ACCOUNT

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

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

14499.05

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ELAVON MERCHANT SERVICES**

Mailing Address ONE CONCOURSE PKWY  
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 02 / 2014

Transaction ID : SB29.I777

Amount of Each Disbursement this Period

135.32

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 14 / 2014

Transaction ID : SB29.I783

Amount of Each Disbursement this Period

300.82

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. INFOCISION**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

Transaction ID : SB29.I784

Amount of Each Disbursement this Period

27878.59

NON CONTRIBUTION ACCOUNT

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

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

28314.73

**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  
04 / 28 / 2014

Transaction ID : SB29.I785

Amount of Each Disbursement this Period

12549.93

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  
04 / 15 / 2014

Transaction ID : SB29.I775

Amount of Each Disbursement this Period

5472.84

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
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

Amount of Each Disbursement this Period

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

18022.77

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

73264.19

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 26
	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 750.00	<b>Transaction ID : SD10.50101</b>	
Amount Incurred This Period 2600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3350.00

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 6550.10	<b>Transaction ID : SD10.50102</b>	
Amount Incurred This Period 371.08	Payment This Period 1787.54	Outstanding Balance at Close of This Period 5133.64

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 : SD10.50103</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)..... ▶	11031.86
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
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) ▶	0.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 26
	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): IE DIRECT MAIL
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450	
City State Zip Code HERNDON VA 20171	

Outstanding Balance Beginning This Period <input type="text" value="1816.93"/>	<b>Transaction ID : SD10.50105</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1440.30"/>	Outstanding Balance at Close of This Period <input type="text" value="376.63"/>

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

Outstanding Balance Beginning This Period <input type="text" value="15340.55"/>	<b>Transaction ID : SD10.5010</b>	
Amount Incurred This Period <input type="text" value="41799.36"/>	Payment This Period <input type="text" value="559.70"/>	Outstanding Balance at Close of This Period <input type="text" value="56580.21"/>

C. 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 450	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="4594.44"/>	<b>Transaction ID : SD10.50104</b>	
Amount Incurred This Period <input type="text" value="688.91"/>	Payment This Period <input type="text" value="1856.09"/>	Outstanding Balance at Close of This Period <input type="text" value="3427.26"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="60384.10"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 26
	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>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 <input type="text" value="1305.00"/>	<b>Transaction ID : SD10.50107</b>	
Amount Incurred This Period <input type="text" value="335.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1640.00"/>

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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1640.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="73055.96"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="73055.96"/>

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
4/23/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Matthew David Schultz
Support
Office Sought: House
District: 03
State: IA
Calendar Year-To-Date
Per Election for Office Sought
148.52

Date of Public Distribution/Dissemination
04 / 23 / 2014
Amount
77.76
Transaction ID : SE.a001
Date of Disbursement or Obligation
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
4/23/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Tom Cotton
Support
Office Sought: Senate
State: AR
Calendar Year-To-Date
Per Election for Office Sought
155.55

Date of Public Distribution/Dissemination
04 / 23 / 2014
Amount
155.55
Transaction ID : SE.aj002
Date of Disbursement or Obligation
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.
Signature: Nadine Maenza [Electronically Filed] Date: 05 / 20 / 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
4/23/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Cory Gardner
Support
Office Sought:
Senate
State: CO
Calendar Year-To-Date
Per Election for Office Sought
155.55

Date of Public Distribution/Dissemination
04 / 23 / 2014
Amount
155.55
Transaction ID : SE.a003
Date of Disbursement or Obligation
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
4/23/14 EMAIL COMMUNICATION
Category/Type
Name of Federal Candidate
Terri Lynn Land
Support
Office Sought:
Senate
State: MI
Calendar Year-To-Date
Per Election for Office Sought
155.55

Date of Public Distribution/Dissemination
04 / 23 / 2014
Amount
155.55
Transaction ID : SE.a004
Date of Disbursement or Obligation
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.
Signature: Nadine Maenza [Electronically Filed] Date: 05 / 20 / 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> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>04 / 23 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="float:right">155.55</span>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.a005</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure 4/23/14 EMAIL COMMUNICATION	Category/Type <span style="float:right">[ ]</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"/> Other (specify) _____ District: _____ State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">155.55</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="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>03 / 28 / 2014</b>
Mailing Address 1593 SPRING HILL ROAD SUITE 400	Amount <span style="float:right">70.76</span>
City State Zip Code TYSONS CORNER VA 22182	<b>Transaction ID : SE.a006</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>04 / 15 / 2014</b>
Purpose of Expenditure 3/28/14 EMAIL COMMUNICATION	Category/Type <span style="float:right">[ ]</span>
Name of Federal Candidate MATT SCHULTZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: <b>03</b> State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">148.52</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="float:right">70.76</span>
(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.

Signature Nadine Maenza **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y  
**05 / 20 / 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>HSP DIRECT</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2013</b>
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 405	Amount <b>1440.30</b>
City: <b>HERNDON</b> State: <b>VA</b> Zip Code: <b>20171</b>	<b>Transaction ID : SE.a007</b>
Purpose of Expenditure 10/25/13 DIRECT MAIL	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 15 / 2014</b>
Name of Federal Candidate <b>MARK WARNER</b>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>VA</b>
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) ▶ _____
<b>4115.78</b>	

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	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1440.30</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>1511.06</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 **05 / 20 / 2014**