

# 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

O' Say Can You See PAC

ADDRESS (number and street) PO Box 468

Check if different than previously reported. (ACC) Annapolis MD 21404

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00525220

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 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:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 04 / 01 / 2016 through [MM] / [DD] / [YYYY] 06 / 30 / 2016

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 Martin Cadogan

Signature of Treasurer Martin Cadogan [Electronically Filed] Date 07 / 15 / 2016

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

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**O' Say Can You See 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="2016"/>		196164.12
(b) Cash on Hand at Beginning of Reporting Period.....	161297.43	
(c) Total Receipts (from Line 19) .....	6000.00	16000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	167297.43	212164.12
7. Total Disbursements (from Line 31).....	46446.72	91313.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	120850.71	120850.71
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	2229.32	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

O' Say Can You See PAC

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

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).....	5000.00	5000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5000.00	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6000.00	16000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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))..... ▶	6000.00	16000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6000.00	16000.00

**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 .....	38746.72	81613.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	38746.72	81613.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	7500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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 .....	2200.00	2200.00
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)) ..	46446.72	91313.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46446.72	91313.41

**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) .....	6000.00	16000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6000.00	16000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	38746.72	81613.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	38746.72	81613.41

**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 26
<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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial) <b>A. Randall Eley</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2016 <b>Transaction ID : VQCFK9M2ZE0</b>
Mailing Address 5505 Seminary Rd Unit E2212N		Amount of Each Receipt this Period 2000.00
City Falls Church	State VA	Zip Code 22041-3500
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Edgar Lomax Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. James Rosapepe</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2016 <b>Transaction ID : VQCFK9M2ZC4</b>
Mailing Address 1400 I St NW Ste 900		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20005-6527
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer State of Maryland	Occupation State Senator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jay J. Salkini</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2016 <b>Transaction ID : VQCFK9M2ZD2</b>
Mailing Address 7030 Hi Tech Dr		Amount of Each Receipt this Period 2000.00
City Hanover	State MD	Zip Code 21076-1008
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Tecore Networks	Occupation Founder, President and Chief Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 26  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**O' Say Can You See PAC**

**A. Transdev**

Full Name (Last, First, Middle Initial)

Mailing Address 720 E Butterfield Rd  
Ste 300

City Lombard State IL Zip Code 60148-5601

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 06 / 23 / 2016  
**Transaction ID : VQCFK9M2ZF8**

Amount of Each Receipt this Period 1000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

: 97 `A`G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A`N5HCB

Form/Schedule: SA11C

Transaction ID : VQCFK9M2ZF8

Note this contribution was intended for the Committee's non-federal account and the funds have since been transferred. Corrective entries will appear on our October Quarterly report.

Form/Schedule:

Transaction ID:



**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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol Operations, LLC**

Mailing Address 421 M St NW

City Washington State DC Zip Code 20001-4607

Purpose of Disbursement  
Compliance & Accounting Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

Transaction ID : **VQBGB9HPYY6**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Capitol Operations, LLC**

Mailing Address 421 M St NW

City Washington State DC Zip Code 20001-4607

Purpose of Disbursement  
Compliance & Accounting Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2016

Transaction ID : **VQBGB9HPYZ4**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Capitol Operations, LLC**

Mailing Address 421 M St NW

City Washington State DC Zip Code 20001-4607

Purpose of Disbursement  
Compliance & Accounting Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : **VQBGB9HPZ02**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

**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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Daniel Stephen Goetzel**

Mailing Address 7920 Robison Rd

City Bethesda State MD Zip Code 20817-6929

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

**Transaction ID : VQBGB9HPZ10**

Amount of Each Disbursement this Period

4250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Google**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Web Hosting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

**Transaction ID : VQBGB9HPZ28**

Amount of Each Disbursement this Period

344.17

Memo Item

Full Name (Last, First, Middle Initial)

**C. Google**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Web Hosting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2016

**Transaction ID : VQBGB9HPZ36**

Amount of Each Disbursement this Period

188.04

Memo Item

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

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

4782.21

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Erin E. Gorman**

Mailing Address 628 N Calvert St

City Baltimore State MD Zip Code 21202-3653

Purpose of Disbursement  
Consulting Services - Scheduling and Advance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

**Transaction ID : VQBGB9HPYW0**

Amount of Each Disbursement this Period

6832.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. Erin E. Gorman**

Mailing Address 628 N Calvert St

City Baltimore State MD Zip Code 21202-3653

Purpose of Disbursement  
Consulting Services - Scheduling and Advance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2016

**Transaction ID : VQBGB9HPYX8**

Amount of Each Disbursement this Period

8500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Visa**

Mailing Address PO Box 30131

City Tampa State FL Zip Code 33630-3131

Purpose of Disbursement  
Credit Card Payment - See Below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2016

**Transaction ID : VQBGB9HPZ44**

Amount of Each Disbursement this Period

1085.54

Memo Item

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

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

16418.17

**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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 1500 N Charles St

City Baltimore State MD Zip Code 21201-5815

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : **VQBGB9HPZ93**

Amount of Each Disbursement this Period

28.00

Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 1500 N Charles St

City Baltimore State MD Zip Code 21201-5815

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2016

Transaction ID : **VQBGB9HPZC7**

Amount of Each Disbursement this Period

17.00

Memo Item \*

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address PO Box 2971

City Omaha State NE Zip Code 68103-2971

Purpose of Disbursement  
Telecom

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : **VQBGB9HPZ69**

Amount of Each Disbursement this Period

478.12

Memo Item \*

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Extra Space Storage**

Mailing Address 7722 Fenton St

City Silver Spring State MD Zip Code 20910-4942

Purpose of Disbursement  
Storage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : **VQBGB9HPZE3**

Amount of Each Disbursement this Period

198.82

Memo Item \*

Full Name (Last, First, Middle Initial)

**B. GoAir**

Mailing Address 1250 N Arlington Heights Rd Ste 500

City Itasca State IL Zip Code 60143-1216

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **VQBGB9HPZG8**

Amount of Each Disbursement this Period

22.09

Memo Item \*

Full Name (Last, First, Middle Initial)

**C. GoAir**

Mailing Address 1250 N Arlington Heights Rd Ste 500

City Itasca State IL Zip Code 60143-1216

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2016

Transaction ID : **VQBGB9HPZN8**

Amount of Each Disbursement this Period

59.95

Memo Item \*

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2016

**Transaction ID : VQBGB9HPZD5**

Amount of Each Disbursement this Period

9.93

Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2016

**Transaction ID : VQBGB9HPZJ4**

Amount of Each Disbursement this Period

5.85

Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

**Transaction ID : VQBGB9HPZK2**

Amount of Each Disbursement this Period

7.03

Memo Item \*

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2016

Transaction ID : VQBGB9HPZP6

Amount of Each Disbursement this Period

10.80

Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : VQBGB9HPZ51

Amount of Each Disbursement this Period

16.61

Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : VQBGB9HPZ77

Amount of Each Disbursement this Period

18.25

Memo Item \*

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

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

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

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
03		22		2016

Transaction ID : VQBGB9HPZ85

Amount of Each Disbursement this Period

33.43
-------

Memo Item \*

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

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
03		23		2016

Transaction ID : VQBGB9HPZA1

Amount of Each Disbursement this Period

9.14
------

Memo Item \*

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

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
03		23		2016

Transaction ID : VQBGB9HPZB9

Amount of Each Disbursement this Period

5.72
------

Memo Item \*

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

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

0.00
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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 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

Transaction ID : **VQBGB9HPZR2**

Amount of Each Disbursement this Period

5.00

Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2016

Transaction ID : **VQBGB9HPZS9**

Amount of Each Disbursement this Period

21.19

Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Verizon**

Mailing Address 3013 Hungary Spring Rd

City Richmond State VA Zip Code 23228-2400

Purpose of Disbursement  
Telecom

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **VQBGB9HPZH6**

Amount of Each Disbursement this Period

235.10

Memo Item \*

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Visa**

Mailing Address PO Box 30131

City Tampa State FL Zip Code 33630-3131

Purpose of Disbursement  
Credit Card Payment - See Below

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  
05 / 17 / 2016

Transaction ID : VQBGB9HPZX1

Amount of Each Disbursement this Period

1961.07

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dropbox**

Mailing Address 76 Market Street

City San Francisco State CA Zip Code 94111-4801

Purpose of Disbursement  
Subscription Fee

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 / 01 / 2016

Transaction ID : VQBGB9HPZY9

Amount of Each Disbursement this Period

1045.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Extra Space Storage**

Mailing Address 7722 Fenton St

City Silver Spring State MD Zip Code 20910-4942

Purpose of Disbursement  
Storage

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 / 01 / 2016

Transaction ID : VQBGB9HPZZ7

Amount of Each Disbursement this Period

198.82

Memo Item

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

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

1961.07

**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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement  
Web Hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2016

Transaction ID : **VQBGB9HQ005**

Amount of Each Disbursement this Period

651.12

Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 405 Howard St

City San Francisco State CA Zip Code 94105-2999

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : **VQBGB9HQ013**

Amount of Each Disbursement this Period

39.69

Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Visa**

Mailing Address PO Box 30131

City Tampa State FL Zip Code 33630-3131

Purpose of Disbursement  
Credit Card Payment - See Below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

Transaction ID : **VQBGB9HPZT7**

Amount of Each Disbursement this Period

450.42

Memo Item

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

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

450.42

# 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

### A. Extra Space Storage

Mailing Address 7722 Fenton St

City Silver Spring State MD Zip Code 20910-4942

Purpose of Disbursement  
Storage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2016

Transaction ID : VQBGB9HPZW3

Amount of Each Disbursement this Period

234.42

Memo Item

Full Name (Last, First, Middle Initial)

### B. EZ Storage

Mailing Address 4301 Rhode Island Ave

City Brentwood State MD Zip Code 20722-1443

Purpose of Disbursement  
Storage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

Transaction ID : VQBGB9HPZV5

Amount of Each Disbursement this Period

216.00

Memo Item

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

MM / DD / YYYY

Amount of Each Disbursement this Period

0.00

Memo Item

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

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

0.00

38611.87

**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 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. JIM GRAY FOR KENTUCKY**

Mailing Address PO Box 2136

City Lexington State KY Zip Code 40588-2136

Purpose of Disbursement  
Contribution

Candidate Name  
**JIM P GRAY**

Office Sought:  House  
 Senate  
 President  
State: KY District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : VQBGB9HQ054**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KIM WEAVER FOR CONGRESS**

Mailing Address 702 6th Ave

City Sheldon State IA Zip Code 51201-1536

Purpose of Disbursement  
Contribution

Candidate Name  
**KIMBERLY WEAVER**

Office Sought:  House  
 Senate  
 President  
State: IA District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : VQBGB9HQ0C8**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LOEBSACK FOR CONGRESS**

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244-3013

Purpose of Disbursement  
Contribution

Candidate Name  
**DAVID WAYNE LOEBSACK**

Office Sought:  House  
 Senate  
 President  
State: IA District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : VQBGB9HQ0A2**

Amount of Each Disbursement this Period

300.00

Memo Item

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

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

2600.00

**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 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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Maryland Democratic Party**

Mailing Address 33 West St  
Ste 200

City Annapolis State MD Zip Code 21401-2420

Purpose of Disbursement  
Contribution

Candidate Name

**Maryland Democratic Party**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

**Transaction ID : VQBGB9HQ046**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MONICA VERNON FOR CONGRESS**

Mailing Address PO Box 1635

City Cedar Rapids State IA Zip Code 52406-1635

Purpose of Disbursement  
Contribution

Candidate Name

**MONICA W VERNON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : VQBGB9HQ094**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MOWRER FOR IOWA**

Mailing Address PO Box 9

City Boone State IA Zip Code 50036-0009

Purpose of Disbursement  
Contribution

Candidate Name

**JIM MOWRER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : VQBGB9HQ0B0**

Amount of Each Disbursement this Period

300.00

Memo Item

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

2600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**O' Say Can You See PAC**

**A. PATTY JUDGE FOR IOWA**

Full Name (Last, First, Middle Initial)

Mailing Address 321 E Walnut St  
Ste 201

City Des Moines State IA Zip Code 50309-2048

Purpose of Disbursement Contribution

Candidate Name **PATTY JEAN JUDGE**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IA District: 00

Date of Disbursement: MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : VQBGB9HQ0D5**

Amount of Each Disbursement this Period: 300.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5500.00

**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

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)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Gray Port for Assembly**

Mailing Address 303 Merrick Rd  
Ste 301

City Lynbrook State NY Zip Code 11563-2501

Purpose of Disbursement  
Contribution

Candidate Name  
**Gray Port for Assembly**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

Transaction ID : **VQBGB9HQ038**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Iowa House Truman Fund**

Mailing Address 5661 Fleur Dr

City Des Moines State IA Zip Code 50321-2841

Purpose of Disbursement  
Contribution

Candidate Name  
**Iowa House Truman Fund**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **VQBGB9HQ086**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Iowa Senate Majority Fund**

Mailing Address 5661 Fleur Dr

City Des Moines State IA Zip Code 50321-2841

Purpose of Disbursement  
Contribution

Candidate Name  
**Iowa Senate Majority Fund**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **VQBGB9HQ070**

Amount of Each Disbursement this Period

300.00

Memo Item

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

1600.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**O' Say Can You See PAC**

Full Name (Last, First, Middle Initial)

**A. Nate Boulton for Iowa Senate**

Mailing Address 2607 Wisconsin Ave

City Des Moines State IA Zip Code 50317-3049

Purpose of Disbursement  
Contribution

Candidate Name  
**Nate Boulton for Iowa Senate**

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

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : VQBGB9HQ0E3**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rich Taylor for State Senate**

Mailing Address 2667 Iowa Ave

City Mount Pleasant State IA Zip Code 52641-8225

Purpose of Disbursement  
Contribution

Candidate Name  
**Rich Taylor for State Senate**

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

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : VQBGB9HQ062**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

600.00

2200.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 26
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**O' Say Can You See PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PAT MURPHY FOR IOWA</b>	Nature of Debt (Purpose): Refund of Excessive Contribution
Mailing Address PO Box 692	
City State Zip Code Dubuque IA 52004-0692	

Outstanding Balance Beginning This Period 2229.32	<b>Transaction ID : VQ9HV9H5M04</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2229.32

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2229.32
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	2229.32
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) ▶	2229.32