

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.
JACK ORSWELL FOR CONGRESS

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **3. IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**
 CITY STATE ZIP CODE STATE DISTRICT

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)
 Termination Report (TER)

(b) 12-Day **PRE-Election Report** for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on in the State of

(c) 30-Day **POST-Election Report** for the:
 General (30G) Runoff (30R) Special (30S)
 Election on in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Type or Print Name of Treasurer Mr. Thomas E Montgomery III

Signature of Treasurer Mr. Thomas E Montgomery III *[Electronically Filed]* Date / /

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | FEC FORM 3 (Revised 02/2003) |
|-----------------|--|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JACK ORSWELL FOR CONGRESS

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 22905.00 | 90408.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 22905.00 | 90408.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 9544.93 | 36762.46 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 9544.93 | 36762.46 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 85742.47 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 10000.00 | |

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 3 (Revised 12/2003)

Write or Type Committee Name

JACK ORSWELL FOR CONGRESS

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 20200.00 | 86350.00 |
| (ii) Unitemized..... | 2705.00 | 4058.00 |
| (iii) TOTAL of contributions from individuals ▶ | 22905.00 | 90408.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 22905.00 | 90408.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 10000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 10000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 200.00 | 1565.38 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 23105.00 | 101973.38 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 9544.93 | 36762.46 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 10000.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 10000.00 |
| 20. 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 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 9544.93 | 46762.46 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 72182.40 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 23105.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 95287.40 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 9544.93 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 85742.47 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 18 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Peter Amundson

Mailing Address 275 W. Longden Ave

City Arcadia State CA Zip Code 91007

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

Name of Employer Minuteman Transport Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : SA11AI.5570

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Kevin Baines

Mailing Address 2275 Huntington Dr.

City San Marino State CA Zip Code 91108

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

Name of Employer JPL/Caltech Occupation Research Scientist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.5594

Amount of Each Receipt this Period
 Contribution 100.00

C. Full Name (Last, First, Middle Initial)
Andrew Barth

Mailing Address 2200 Chaucer Rd.

City San Marino State CA Zip Code 91108

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

Name of Employer Capital Corp Occupation Investment Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

Transaction ID : SA11AI.5621

Amount of Each Receipt this Period
 Contribution 2700.00

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

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

3300.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 18 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barbara Betz

Mailing Address 1301 Rancho Rd

City Arcadia State CA Zip Code 91006

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.5550

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Mary Jane Boggs

Mailing Address 1480 St. Albans Rd

City San MARino State CA Zip Code 91108

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.5578

Amount of Each Receipt this Period
 Contribution 2700.00

C. Full Name (Last, First, Middle Initial)
Arden Boren

Mailing Address 2392 S. Bateman Ave

City Irwindale State CA Zip Code 91010

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

Name of Employer Pacific National Group Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period
 Contribution 1000.00

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

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

4200.00

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 18 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Diane Bowden

Mailing Address 905 Crescent Dr

City State Zip Code
Montovia CA 91016

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11AI.5590

Amount of Each Receipt this Period
2700.00
Contribution

B. Full Name (Last, First, Middle Initial)
Douglas Ian Campbell

Mailing Address 3220 Barnes Circle

City State Zip Code
Glendale CA 91208

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.5596

Amount of Each Receipt this Period
100.00
Contribution

C. Full Name (Last, First, Middle Initial)
Michael Coye

Mailing Address 3471 Yorkshire Rd.

City State Zip Code
Pasadena CA 91107

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

Name of Employer Occupation
Coye Management Company Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.5606

Amount of Each Receipt this Period
300.00
Contribution

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

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

3100.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 18 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lynn Gabriel

Mailing Address 120 Belday Rd

City Pasadena State CA Zip Code 91105

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : SA11AI.5572

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Esther Govorchin

Mailing Address 275 E. Orange Grove Ave

City Sierra MADre State CA Zip Code 91024

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period
 Contribution 300.00

C. Full Name (Last, First, Middle Initial)
Harlan Irvine

Mailing Address 8351 N. Charlotte Ave

City San Gabriel State CA Zip Code 91776

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

Name of Employer Deloitte Consulting Occupation Principle

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.5555

Amount of Each Receipt this Period
 Contribution 1000.00

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

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

1550.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 18 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dennis Jebbia

Mailing Address 2468 Huntington Dr.

City San MARino State CA Zip Code 91108

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

Name of Employer Centralco, LLC Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.5604

Amount of Each Receipt this Period
 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jimmy Jiang

Mailing Address 50 W. Orange Grove

City Arcadia State CA Zip Code 91006

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

Name of Employer Unipac Shipping Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.5580

Amount of Each Receipt this Period
 250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Robert Kohorst

Mailing Address 740 Huntington Circle

City Pasadena State CA Zip Code 91106

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

Name of Employer Everest Properties Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2015

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period
 1000.00

Contribution

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

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

2250.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 18 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Russell Meals

Mailing Address 801 Anderson Way

City San Gabriel State CA Zip Code 91776

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.5586

Amount of Each Receipt this Period
 Contribution **100.00**

B. Full Name (Last, First, Middle Initial)
Edward Mittleman

Mailing Address 2015 El Vista Ctr

City Glendale State CA Zip Code 91208

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

Name of Employer N/A Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.5553

Amount of Each Receipt this Period
 Contribution **500.00**

C. Full Name (Last, First, Middle Initial)
Edward Mittleman

Mailing Address 2015 El Vista Ctr

City Glendale State CA Zip Code 91208

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

Name of Employer N/A Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.5584

Amount of Each Receipt this Period
 Contribution **500.00**

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 11 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nancy Poser

Mailing Address 601 Acacia

City Sierra Madre State CA Zip Code 91024

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

Name of Employer Homemaker Occupation None

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : SA11AI.5564

Amount of Each Receipt this Period
 500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ernest Posey

Mailing Address 1001 Singing Wood Dr

City Arcadia State CA Zip Code 91006

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

Name of Employer Posey Corporation Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.5589

Amount of Each Receipt this Period
 2700.00

Contribution

C. Full Name (Last, First, Middle Initial)
Margaret Powell

Mailing Address 3855 Valley Lights Dr.

City Pasadena State CA Zip Code 91107

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.5600

Amount of Each Receipt this Period
 250.00

Contribution

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

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

3450.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 18 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Brian Queen | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2015 | |
| Mailing Address 992 South Oakland Ave | | Transaction ID : SA11AI.5560 | |
| City Pasadena State CA Zip Code 91106 | Amount of Each Receipt this Period Contribution 250.00 | | |
| FEC ID number of contributing federal political committee. C | Name of Employer N/A Occupation N/A | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date Contribution 250.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Eugene Ramaker | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015 | |
| Mailing Address 990 Hastings Ranch Rd. | | Transaction ID : SA11AI.5588 | |
| City Pasadena State CA Zip Code 91107 | Amount of Each Receipt this Period Contribution 500.00 | | |
| FEC ID number of contributing federal political committee. C | Name of Employer None Occupation Retired | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date Contribution 500.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Kirk Warner | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2015 | |
| Mailing Address 9364 N. Sunnyside Ave | | Transaction ID : SA11AI.5599 | |
| City Clovis State CA Zip Code 93619 | Amount of Each Receipt this Period Contribution 500.00 | | |
| FEC ID number of contributing federal political committee. C | Name of Employer N/A Occupation Retired | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date Contribution 500.00 | | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | 20200.00 |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 18 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Bob Booker Consulting | | Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015 |
| Mailing Address 2347 Daybreak Dr | | Amount of Each Disbursement this Period 2637.31 Transaction ID : SB17.5541 |
| City La Verne | State CA | |
| Zip Code 91750 | Purpose of Disbursement Campaign Consulting | Category/ Type 003 |
| Candidate Name JACK ORSWELL FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: CA District: 27 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Bob Booker Consulting | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015 |
| Mailing Address 2347 Daybreak Dr | | Amount of Each Disbursement this Period 3480.49 Transaction ID : SB17.5542 |
| City La Verne | State CA | |
| Zip Code 91750 | Purpose of Disbursement Campaign Consulting | Category/ Type 003 |
| Candidate Name JACK ORSWELL FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: CA District: 27 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Bob Booker Consulting | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015 |
| Mailing Address 2347 Daybreak Dr | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5543 |
| City La Verne | State CA | |
| Zip Code 91750 | Purpose of Disbursement Campaign Consulting | Category/ Type 003 |
| Candidate Name JACK ORSWELL FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: CA District: 27 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8117.80 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 18 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. Facebook | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 1 Hacker Way | | | Amount of Each Disbursement this Period 39.91 Transaction ID : SB17.5545 |
| City Menlo Park | State CA | Zip Code 94025 | |
| Purpose of Disbursement Web Advertising | Category/ Type 001 | | |
| Candidate Name JACK ORSWELL FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: CA District: 27 | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Facebook | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015 |
| Mailing Address 1 Hacker Way | | | Amount of Each Disbursement this Period 19.97 Transaction ID : SB17.5549 |
| City Menlo Park | State CA | Zip Code 94025 | |
| Purpose of Disbursement Web Advertising | Category/ Type 001 | | |
| Candidate Name JACK ORSWELL FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: CA District: 27 | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) c. Nation Builder | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 448 S. Hill St. Suite 200 | | | Amount of Each Disbursement this Period 43.00 Transaction ID : SB17.5544 |
| City Los Angeles | State CA | Zip Code 90013 | |
| Purpose of Disbursement Website advertising | Category/ Type 001 | | |
| Candidate Name JACK ORSWELL FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: CA District: 27 | | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 102.88 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 18 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Nation Builder | | Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015 |
| Mailing Address 448 S. Hill St. Suite 200 | | Amount of Each Disbursement this Period 43.00 |
| City Los Angeles | State CA Zip Code 90013 | |
| Purpose of Disbursement Website advertising | Category/Type 001 | Transaction ID : SB17.5548 |
| Candidate Name JACK ORSWELL FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 27 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. PayPal | | Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2015 |
| Mailing Address 2111 N. First St. | | Amount of Each Disbursement this Period 35.70 |
| City San Jose | State CA Zip Code 95131 | |
| Purpose of Disbursement Credit Card Fees | Category/Type 003 | Transaction ID : SB17.5609 |
| Candidate Name JACK ORSWELL FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 27 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. PayPal | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015 |
| Mailing Address 2111 N. First St. | | Amount of Each Disbursement this Period 3.85 |
| City San Jose | State CA Zip Code 95131 | |
| Purpose of Disbursement Credit Card Fees | Category/Type 003 | Transaction ID : SB17.5610 |
| Candidate Name JACK ORSWELL FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 27 | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 82.55 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 18 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

| | | | | | |
|--|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. PayPal | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015 | | |
| Mailing Address 2111 N. First St. | | | Amount of Each Disbursement this Period 3.20 | | |
| City San Jose | State CA | Zip Code 95131 | Transaction ID : SB17.5611 | | |
| Purpose of Disbursement Credit Card Fees | | Category/ Type 003 | | | |
| Candidate Name JACK ORSWELL FOR CONGRESS | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: CA | District: 27 | | | | |

| | | | | | |
|--|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. PayPal | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 | | |
| Mailing Address 2111 N. First St. | | | Amount of Each Disbursement this Period 84.00 | | |
| City San Jose | State CA | Zip Code 95131 | Transaction ID : SB17.5612 | | |
| Purpose of Disbursement Credit Card Fees | | Category/ Type 003 | | | |
| Candidate Name JACK ORSWELL FOR CONGRESS | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: CA | District: 27 | | | | |

| | | | | | |
|--|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. PayPal | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015 | | |
| Mailing Address 2111 N. First St. | | | Amount of Each Disbursement this Period 6.50 | | |
| City San Jose | State CA | Zip Code 95131 | Transaction ID : SB17.5613 | | |
| Purpose of Disbursement Credit Card Fees | | Category/ Type 003 | | | |
| Candidate Name JACK ORSWELL FOR CONGRESS | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: CA | District: 27 | | | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 93.70 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 18 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Political Visions | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 1912 Grand Ave | | Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.5540 |
| City San Rafael State CA Zip Code 94901 | Purpose of Disbursement Bookkeeping Category/Type 001 | |
| Candidate Name JACK ORSWELL FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 27 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015 |
| Mailing Address 41 Wheeler Ave | | Amount of Each Disbursement this Period 98.00 Transaction ID : SB17.5547 |
| City Arcadia State CA Zip Code 91006 | Purpose of Disbursement Postage Category/Type 003 | |
| Candidate Name JACK ORSWELL FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 27 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Purpose of Disbursement Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 998.00 |
| TOTAL This Period (last page this line number only)..... | 9394.93 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JACK ORSWELL FOR CONGRESS** Transaction ID : **SC/10.5421**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. JACK E ORSWELL** *[PERSONAL FUNDS]* Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
1161 VOLANTE DRIVE

City State ZIP Code
ARCADIA CA 91007

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 10000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 10000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 04 / D 15 / Y 2015
Date Due: M / D / Y 6/8/2016
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 10000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | 10000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.