

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 202 SAN JOSE AVENUE
 Check if different than previously reported. (ACC)
CAPITOLA CA 95010

2. **FEC IDENTIFICATION NUMBER** C00393769
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2010 through 09 30 2010

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 David Wilmot

Signature of Treasurer Electronically Filed by David Wilmot Date 10 18 2010

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

Write or Type Committee Name
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		17489.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	31671.85									
(c) Total Receipts (from Line 19)	10015.00	45240.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41686.85	62729.18								
7. Total Disbursements (from Line 31)	24924.74	45967.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16762.11	16762.11								
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)	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

Write or Type Committee Name

OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	10000.00	45000.00
(ii) Unitemized	15.00	240.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10015.00	45240.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10015.00	45240.00
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 Transfer (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))	10015.00	45240.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10015.00	45240.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	74.74	617.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	74.74	617.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24850.00	45350.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	24924.74	45967.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24924.74	45967.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	10015.00	45240.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10015.00	45240.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	74.74	617.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	74.74	617.07

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

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

FOR LINE NUMBER: PAGE 6 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gretchen Sandler

Mailing Address 185 Edgewood Avenue

City State Zip Code
San Francisco CA 94117

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

Name of Employer Occupation
Self-employed Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11AI.4359

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
James Sandler

Mailing Address 185 Edgewood Avenue

City State Zip Code
San Francisco CA 94117

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

Name of Employer Occupation
Sandler Family Supporting Foundation Environmental Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11AI.4357

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

TOTAL This Period (last page this line number only) ► **10000.00**

**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)

PAGE 7 / 12

<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)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Wells Fargo	Transaction ID: SB21B.4371
	Mailing Address P.O. Box 6995	Date of Disbursement MM / DD / YYYY 09 / 08 / 2010
	City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Wells Fargo	Transaction ID: SB21B.4373
	Mailing Address P.O. Box 6995	Date of Disbursement MM / DD / YYYY 09 / 13 / 2010
	City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period 46.79
	Purpose of Disbursement Credit Card Processing Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

66.79

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

66.79

**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)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRANK KRATOVIL FOR CONGRESS

Mailing Address 222 Main Sail Drive
PO Box 518

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement
Contribution

Candidate Name
FRANK M MR. JR KRATOVIL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 01

Transaction ID: SB23.4379
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City State Zip Code
LAS VEGAS NV 89132

Purpose of Disbursement
Contribution

Candidate Name
HARRY REID

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District: 00

Transaction ID: SB23.4375
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF FARR

Mailing Address 555 Capitol Mall Suite 1425

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement
Contribution

Candidate Name
SAM FARR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 17

Transaction ID: SB23.4383
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS	Transaction ID: SB23.4388 Date of Disbursement
	Mailing Address PO Box 23940	<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name LOIS G CAPPS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GARAMENDI FOR CONGRESS	Transaction ID: SB23.4376 Date of Disbursement
	Mailing Address 3605 Long Beach Blvd., Ste. 426	<input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Long Beach State CA Zip Code 90807	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name JOHN GARAMENDI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HODES FOR SENATE	Transaction ID: SB23.4365 Date of Disbursement
	Mailing Address 379 ELM STREET	<input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MANCHESTER State NH Zip Code 03101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="4750.00"/>
	Candidate Name PAUL W HODES	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) HODES FOR SENATE</p> <p>Mailing Address 379 ELM STREET</p> <p>City MANCHESTER State NH Zip Code 03101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name PAUL W HODES</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4387</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Ocean Champions</p> <p>Mailing Address 202 San Jose Avenue</p> <p>City Capitola State CA Zip Code 95010</p> <p>Purpose of Disbursement In-kind - Internet Appeal</p> <p>Candidate Name PAUL W HODES</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4374</p> <p>Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>C. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address PO BOX 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name FRANK JR PALLONE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4385</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3100.00

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)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PINGREE FOR CONGRESS Mailing Address PO Box 17613 City Portland State ME Zip Code 04112 Purpose of Disbursement Contribution Candidate Name CHELLIE M PINGREE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4384 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	1	0														
2500.00																							
B.	Full Name (Last, First, Middle Initial) ROBERT O'LEARY COMMITTEE Mailing Address PO BOX 1469 City PLYMOUTH State MA Zip Code 02362 Purpose of Disbursement Contribution Candidate Name ROBERT A O'LEARY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4367 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	8		2	0	1	0														
2500.00																							
C.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS Mailing Address 10537 St. Paul St. City Kensington State MD Zip Code 20895 Purpose of Disbursement Contribution Candidate Name CHRIS VAN HOLLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4380 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	1	0														
2000.00																							

SUBTOTAL of Disbursements This Page (optional)	7000.00
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)

PAGE 12 / 12

<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)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WHITEHOUSE FOR SENATE

Transaction ID: SB23.4386

Date of Disbursement

Mailing Address P.O. BOX 40280

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	0

City State Zip Code
PROVIDENCE RI 02940

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

--

Candidate Name
SHELDON MR WHITEHOUSE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

24850.00
