

# 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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Cadogan, Martin, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Cadogan, Martin, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 31 / 2017

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2017"/>		<input type="text" value="23301.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23301.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="52652.15"/>	<input type="text" value="52652.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="75953.53"/>	<input type="text" value="75953.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67336.64"/>	<input type="text" value="67336.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8616.89"/>	<input type="text" value="8616.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="2229.32"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 05/2016)

Write or Type Committee Name

**O' Say Can You See PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

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).....	34250.00	34250.00
(ii) Unitemized .....	18302.15	18302.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	52552.15	52552.15
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	100.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	52652.15	52652.15
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)).....▶	52652.15	52652.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	52652.15	52652.15

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	57086.64	57086.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	57086.64	57086.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	9250.00	9250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67336.64	67336.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67336.64	67336.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	52652.15	52652.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52652.15	52652.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	57086.64	57086.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	57086.64	57086.64

**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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Aparicio, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 16145

City San Juan	State PR	Zip Code 00908-6145
------------------	-------------	------------------------

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

Name of Employer (for Individual) Knox Medical	Occupation (for Individual) Lawyer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2017

**Transaction ID : VQCFK9M3F93**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Aparicio, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 16145

City San Juan	State PR	Zip Code 00908-6145
------------------	-------------	------------------------

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

Name of Employer (for Individual) Knox Medical	Occupation (for Individual) Lawyer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2017

**Transaction ID : VQCFK9M3PR8**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Aparicio, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 16145

City San Juan	State PR	Zip Code 00908-6145
------------------	-------------	------------------------

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

Name of Employer (for Individual) Knox Medical	Occupation (for Individual) Lawyer
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2017

**Transaction ID : VQCFK9M3X78**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 7 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Aparicio, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 16145  
 City San Juan State PR Zip Code 00908-6145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Knox Medical Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2017  
**Transaction ID : VQCFK9M43J8**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Aparicio, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 16145  
 City San Juan State PR Zip Code 00908-6145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Knox Medical Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2017  
**Transaction ID : VQCFK9M4693**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Bader, Fredric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 832 Coxswain Way  
 City Annapolis State MD Zip Code 21401-6874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2017  
**Transaction ID : VQCFK9M3MR4**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Benoit, G. James, J., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 Southgate Ave  
 City Annapolis State MD Zip Code 21401-2831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FedData Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 18 / 2017**  
**Transaction ID : VQCFK9M4033**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Binderman, Warren, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7835 Fawndale Way  
 City Atlanta State GA Zip Code 30350-1062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Legend Oil and Gas, Ltd. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 02 / 2017**  
**Transaction ID : VQCFK9M3PZ3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Carr, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 Nayatt Rd  
 City Barrington State RI Zip Code 02806-3310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : VQCFK9M3SV8**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Charash, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3323 Seawane Dr  
 City Merrick State NY Zip Code 11566-5545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2017  
**Transaction ID : VQCFK9M3ZA5**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Charash, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 E 63rd St Apt 16G  
 City New York State NY Zip Code 10065-7418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2017  
**Transaction ID : VQCFK9M4BR1**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Codd, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Hazlett St  
 City Morristown State NJ Zip Code 07960-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairleigh Dickinson University Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 75.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2017  
**Transaction ID : VQCFK9M3EP5**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10075.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Codd, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Hazlett St  
 City Morristown State NJ Zip Code 07960-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairleigh Dickinson University Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2017  
**Transaction ID : VQCFK9M3P57**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Codd, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Hazlett St  
 City Morristown State NJ Zip Code 07960-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairleigh Dickinson University Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2017  
**Transaction ID : VQCFK9M3TY4**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Codd, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Hazlett St  
 City Morristown State NJ Zip Code 07960-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairleigh Dickinson University Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2017  
**Transaction ID : VQCFK9M4389**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Codd, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Hazlett St  
 City Morristown State NJ Zip Code 07960-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairleigh Dickinson University Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 28 / 2017  
**Transaction ID : VQCFK9M45X8**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Codd, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Hazlett St  
 City Morristown State NJ Zip Code 07960-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fairleigh Dickinson University Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 28 / 2017  
**Transaction ID : VQCFK9M48E6**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Griffith, Parker, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 432 Echols Ave SE  
 City Huntsville State AL Zip Code 35801-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2017  
**Transaction ID : VQCFK9M3K93**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Hasan, Anwer, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6548 Ballymore Ln  
 City Clarksville State MD Zip Code 21029-1292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louis Berger Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2017  
**Transaction ID : VQCFK9M3EH6**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Hasan, Anwer, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6548 Ballymore Ln  
 City Clarksville State MD Zip Code 21029-1292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louis Berger Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2017  
**Transaction ID : VQCFK9M3TG4**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Hasan, Anwer, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6548 Ballymore Ln  
 City Clarksville State MD Zip Code 21029-1292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Louis Berger Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2017  
**Transaction ID : VQCFK9M45T4**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Karzai, Pat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1523 Bolton St  
 City Baltimore State MD Zip Code 21217-4204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hak inc Occupation (for Individual) Business inwner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2017  
**Transaction ID : VQCFK9M3FS0**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Karzai, Patricia, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1523 Bolton St  
 City Baltimore State MD Zip Code 21217-4204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hak inc Occupation (for Individual) Business owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : VQCFK9M3SA3**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Legum, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8207 Maple Ridge Rd  
 City Bethesda State MD Zip Code 20814-1411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Douglas Legum Development Occupation (for Individual) Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2017  
**Transaction ID : VQCFK9M46N8**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Manning, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6739 116th Ave  
 City Maquoketa State IA Zip Code 52060-9776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2017  
**Transaction ID : VQCFK9M3XZ7**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Michael, Gary, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 Glen Oban Dr  
 City Arnold State MD Zip Code 21012-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAI Michael Co Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2017  
**Transaction ID : VQCFK9M35D5**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Miller, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Barberry Rd  
 City Bryn Mawr State PA Zip Code 19010-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leslie Anne Miller, Esq., LLC Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2017  
**Transaction ID : VQCFK9M36E4**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Modjarrad, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 W Spring Valley Rd  
 City Richardson State TX Zip Code 75081-4034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAS Law Firm Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 09 / 2017  
**Transaction ID : VQCFK9M4509**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Nicholson, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Hillview Dr  
 City San Antonio State TX Zip Code 78209-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self - Law Office Owner Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 25 / 2017  
**Transaction ID : VQCFK9M3JN5**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. O'Neill, Thomas, P., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 New Chardon St Ste 1600  
 City Boston State MA Zip Code 02114-4701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) O'Neill & Associates. LLP Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2017  
**Transaction ID : VQCFK9M3RQ3**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Orr, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 Mulberry Ln  
 City Boerne State TX Zip Code 78006-7966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delta Air Lines Occupation (for Individual) pilot  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2017**  
**Transaction ID : VQCFK9M3PD1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Patman, Carrin, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 711 Louisiana St Ste 2300  
 City Houston State TX Zip Code 77002-2770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 06 / 2017**  
**Transaction ID : VQCFK9M3H57**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Shay, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2954 S 47th Ave  
 City Yuma State AZ Zip Code 85364-7471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shay Oil Company Occupation (for Individual) Supervisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 04 / 2017**  
**Transaction ID : VQCFK9M3GP9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 17 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Shay, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2954 S 47th Ave  
 City Yuma State AZ Zip Code 85364-7471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shay Oil Company Occupation (for Individual) Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2017  
**Transaction ID : VQCFK9M3RT7**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Sweet, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 161  
 City New Castle State NH Zip Code 03854-0161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 02 / 26 / 2017  
**Transaction ID : VQCFK9M3M46**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sweet, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 161  
 City New Castle State NH Zip Code 03854-0161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 29 / 2017  
**Transaction ID : VQCFK9M3VG6**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Sweet, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 161  
 City New Castle State NH Zip Code 03854-0161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : VQCFK9M3ZE7**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Walto, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 186 Bellvale Lakes Rd Ste 220  
 City Warwick State NY Zip Code 10990-3454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Health Fund Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2017  
**Transaction ID : VQCFK9M3GZ0**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Walto, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 186 Bellvale Lakes Rd Ste 220  
 City Warwick State NY Zip Code 10990-3454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Health Fund Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2017  
**Transaction ID : VQCFK9M3Q42**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 19 OF 42  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Walto, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 186 Bellvale Lakes Rd  
 Ste 220  
 City Warwick State NY Zip Code 10990-3454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Health Fund Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 04 / 06 / 2017  
**Transaction ID : VQCFK9M3Z89**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Walto, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 186 Bellvale Lakes Rd  
 Ste 220  
 City Warwick State NY Zip Code 10990-3454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Health Fund Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 06 / 2017  
**Transaction ID : VQCFK9M44W9**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Walto, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 186 Bellvale Lakes Rd  
 Ste 220  
 City Warwick State NY Zip Code 10990-3454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Health Fund Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2017  
**Transaction ID : VQCFK9M46Q3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 20 OF 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**O' Say Can You See PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zeller, Charles, , ,

Mailing Address 811 N Tumbleweed Trl

City Austin	State TX	Zip Code 78733-3243
----------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) n/a
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	10	/	2017

**Transaction ID : VQCFK9M3578**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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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).....	34250.00

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

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

FOR LINE NUMBER: PAGE 21 OF 42  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Friends of Ron Young**

Mailing Address 2219 Parish Ln

City Frederick	State MD	Zip Code 21701-9331
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

**Transaction ID : VQCFK9M4BK2**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Blue State Digital**

Mailing Address 406 7th St NW

City Washington State DC Zip Code 20004-2261

Purpose of Disbursement Database

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 23 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ8  
Amount of Each Disbursement this Period  
1321.88

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 Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ8  
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 Accounting Services

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 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ8  
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)..... ▶

11321.88

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Chou, Benjamin, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2017	
Mailing Address 928 S St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VQBGB9HQ8</b> Amount of Each Disbursement this Period 5129.55	
City Washington	State DC	Zip Code 20001-4116	Category/ Type
Purpose of Disbursement Strategic Consulting Services		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>B. Chou, Benjamin, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017	
Mailing Address 928 S St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VQBGB9HQ8</b> Amount of Each Disbursement this Period 5299.65	
City Washington	State DC	Zip Code 20001-4116	Category/ Type
Purpose of Disbursement Strategic Consulting Services		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>C. Chou, Benjamin, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2017	
Mailing Address 928 S St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VQBGB9HQ8</b> Amount of Each Disbursement this Period 5209.17	
City Washington	State DC	Zip Code 20001-4116	Category/ Type
Purpose of Disbursement Strategic Consulting Services		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15638.37
<b>TOTAL</b> 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"/> 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) <b>A. Chou, Benjamin, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address 928 S St NW		FEC Identification Number <b>C</b> Transaction ID : <b>VQBGB9HQ8</b> Amount of Each Disbursement this Period 5008.27
City Washington	State DC	
Zip Code 20001-4116	Purpose of Disbursement Strategic Consulting Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Cybersource</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2017
Mailing Address 1295 Charleston Rd		FEC Identification Number <b>C</b> Transaction ID : <b>VQBGB9HQ8</b> Amount of Each Disbursement this Period 128.50
City Mountain View	State CA	
Zip Code 94043-1307	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. Cybersource</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017
Mailing Address 1295 Charleston Rd		FEC Identification Number <b>C</b> Transaction ID : <b>VQBGB9HQ8</b> Amount of Each Disbursement this Period 593.42
City Mountain View	State CA	
Zip Code 94043-1307	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5730.19
<b>TOTAL</b> 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"/> 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. Cybersource**

Mailing Address 1295 Charleston Rd

City Mountain View State CA Zip Code 94043-1307

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
714.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cybersource**

Mailing Address 1295 Charleston Rd

City Mountain View State CA Zip Code 94043-1307

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
359.77

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cybersource**

Mailing Address 1295 Charleston Rd

City Mountain View State CA Zip Code 94043-1307

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
953.89

Memo Item

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

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

2028.61

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Cybersource**

Mailing Address 1295 Charleston Rd

City Mountain View State CA Zip Code 94043-1307

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
514.33

Memo Item

Full Name (Last, First, Middle Initial)

**B. Drake University**

Mailing Address 2507 University Ave

City Des Moines State IA Zip Code 50311-4516

Purpose of Disbursement  
Event Security

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ8  
Amount of Each Disbursement this Period  
210.00

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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ5  
Amount of Each Disbursement this Period  
370.00

Memo Item

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

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

1094.33

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
370.00

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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
370.00

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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
370.00

Memo Item

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

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

1110.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
370.00

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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
370.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mount Vernon Printing**

Mailing Address 13201 Mid Atlantic Blvd Ste 100

City Laurel State MD Zip Code 20708-1433

Purpose of Disbursement  
Printing Expenses

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 23 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ8  
Amount of Each Disbursement this Period  
842.83

Memo Item

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

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

1582.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. NGP VAN, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Database

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 23 / 2017

FEC Identification Number: C

Transaction ID : VQBGB9HQ8

Amount of Each Disbursement this Period: 300.00

Memo Item

**B. NGP VAN, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Database

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 04 / 2017

FEC Identification Number: C

Transaction ID : VQBGB9HQ8

Amount of Each Disbursement this Period: 300.00

Memo Item

**C. Niven, David, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 28

City Worthington State OH Zip Code 43085-0028

Purpose of Disbursement Communications Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 23 / 2017

FEC Identification Number: C

Transaction ID : VQBGB9HQ8

Amount of Each Disbursement this Period: 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2100.00

**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"/> 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) <b>A. Osborne, Annie, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address 1744 V St NW		FEC Identification Number <b>C</b> Transaction ID : VQBGB9HQ8 Amount of Each Disbursement this Period 2500.00
City Washington	State DC	
Zip Code 20009-2611	Purpose of Disbursement Finance Consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Public Policy Polling</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 2912 Highwoods Blvd Ste 201		FEC Identification Number <b>C</b> Transaction ID : VQBGB9HQ8 Amount of Each Disbursement this Period 5500.00
City Raleigh	State NC	
Zip Code 27604-1095	Purpose of Disbursement Polling Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. Visa</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2017
Mailing Address PO Box 30131		FEC Identification Number <b>C</b> Transaction ID : VQBGB9HQ8 Amount of Each Disbursement this Period 3725.01
City Tampa	State FL	
Zip Code 33630-3131	Purpose of Disbursement Credit Card Payment	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11725.01
<b>TOTAL</b> 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"/> 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. American Airlines**

Mailing Address 4333 Amon Center Blvd

City Ft Worth State TX Zip Code 76115

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
598.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
657.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
1076.20

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"/> 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. Expedia**

Mailing Address 31500 139th Avenue, SE

City Bellevue State WA Zip Code 98005

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  
01 / 01 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
426.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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  
01 / 03 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
224.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 1001 Aviation Blvd

City Linthicum Heights State MD Zip Code 21090

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
263.60

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"/> 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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	7

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VQBGB9HQ9**  
Amount of Each Disbursement this Period  
[Redacted] 856.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Center Blvd

City  
Ft Worth

State  
TX

Zip Code  
76115

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	7

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VQBGB9HQA**  
Amount of Each Disbursement this Period  
[Redacted] 263.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	7

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VQBGB9HQI**  
Amount of Each Disbursement this Period  
[Redacted] 236.00

Memo Item

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

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

[Redacted]	856.00
------------	--------

[Redacted]	
------------	--

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**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  
02 / 03 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
224.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. Visa**

Mailing Address PO Box 30131

City Tampa State FL Zip Code 33630-3131

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
1763.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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  
02 / 12 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
236.00

Memo Item

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

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

1763.62

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**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

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
224.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. H&W Printing**

Mailing Address 3616 Oak Ln

City Mount Rainier State MD Zip Code 20712-2128

Purpose of Disbursement  
Printing Expenses

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  
02 / 24 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
1112.16

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

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 / 20 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
1224.00

Memo Item

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

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

1224.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mello for Mayor</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address 5315 B St		FEC Identification Number C <b>Transaction ID : VQBGB9HQA</b> Amount of Each Disbursement this Period 1000.00 Memo Item <input checked="" type="checkbox"/>
City Omaha	State NE	
Purpose of Disbursement Contribution		
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:		

Full Name (Last, First, Middle Initial) <b>B. Quality Inn</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2017
Mailing Address 1 Choice Hotels Cir # 400		FEC Identification Number C <b>Transaction ID : VQBGB9HQA</b> Amount of Each Disbursement this Period 224.00 Memo Item <input checked="" type="checkbox"/>
City Rockville	State MD	
Purpose of Disbursement Travel Expenses		
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:		

Full Name (Last, First, Middle Initial) <b>C. Visa</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2017
Mailing Address PO Box 30131		FEC Identification Number C <b>Transaction ID : VQBGB9HQ5</b> Amount of Each Disbursement this Period 781.80 Memo Item <input type="checkbox"/>
City Tampa	State FL	
Purpose of Disbursement Credit Card Payment		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	781.80
<b>TOTAL</b> 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"/> 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. American Airlines**

Mailing Address 4333 Amon Center Blvd

City Ft Worth State TX Zip Code 76115

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
390.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Center Blvd

City Ft Worth State TX Zip Code 76115

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2017

FEC Identification Number

C  
Transaction ID : VQBGB9HQ9  
Amount of Each Disbursement this Period  
390.90

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

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

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

0.00  
56956.64

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. SHAHEEN FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address 105 N State St

City Concord State NH Zip Code 03301-4334

Purpose of Disbursement  
Committee Contributions

Candidate Name  
**SHAHEEN, JEANNE, , ,**

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

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
05 / 01 / 2017

FEC Identification Number  
**C** S0NH00219  
Transaction ID : **VQGB9HQ8**  
Amount of Each Disbursement this Period  
1000.00

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
**C**

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
**C**

Amount of Each Disbursement this Period

Memo Item

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



**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"/> 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) <b>A. Friends of Nan Whaley</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2017
Mailing Address 3927 Saddle Ridge Cir		FEC Identification Number <b>C</b> Transaction ID : <b>VQBGB9HQ8</b> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Dayton	State OH	
Zip Code 45424-4874		
Purpose of Disbursement Contribution		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jim Shea for Maryland</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017
Mailing Address 205 Gittings Ave		FEC Identification Number <b>C</b> Transaction ID : <b>VQBGB9HQA</b> Amount of Each Disbursement this Period 6000.00 <input checked="" type="checkbox"/> Memo Item
City Baltimore	State MD	
Zip Code 21212-2504		
Purpose of Disbursement In-kind donation - list rental		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Monica Kurth for State Representative</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2017
Mailing Address 1933 N Marquette St		FEC Identification Number <b>C</b> Transaction ID : <b>VQBGB9HQ8</b> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Davenport	State IA	
Zip Code 52804-2159		
Purpose of Disbursement Contribution		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> 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"/> 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**

**A. Nate Boulton for Iowa Senate**

Full Name (Last, First, Middle Initial)  
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

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C

Transaction ID : VQBGB9HQ8

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. O' Say Can You See - NonFederal**

Full Name (Last, First, Middle Initial)  
O' Say Can You See - NonFederal

Mailing Address PO Box 468

City Annapolis State MD Zip Code 21404-0468

Purpose of Disbursement Transfer to Non-Federal Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2017

FEC Identification Number: C

Transaction ID : VQBGB9HQ9

Amount of Each Disbursement this Period: 6000.00

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

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9250.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 42
	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 Dubuque	State IA	Zip Code 52004-0692	

Outstanding Balance Beginning This Period 2229.32		Transaction ID : VQ9HV9H5M04	
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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment 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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment 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