

**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

Special Operations Speaks PAC - SOS PAC

ADDRESS (number and street)

103 Pamlico Place

Check if different  
than previously  
reported. (ACC)

Chocowinity

NC

27817

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00524280

3. IS THIS  
REPORTNEW  
(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:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Backer, Dan, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Backer, Dan, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Special Operations Speaks PAC - SOS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2016		<span style="border: 1px solid black; padding: 2px;">35706.58</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">9208.36</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">185536.33</span>	<span style="border: 1px solid black; padding: 2px;">332367.04</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">194744.69</span>	<span style="border: 1px solid black; padding: 2px;">368073.62</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">193141.65</span>	<span style="border: 1px solid black; padding: 2px;">366470.58</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">1603.04</span>	<span style="border: 1px solid black; padding: 2px;">1603.04</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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)

Page 3

Write or Type Committee Name

Special Operations Speaks PAC - SOS PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2016

To:

M M / D D / Y Y Y Y  
06 / 30 / 2016
**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).....

16660.16

25470.16

(ii) Unitemized .....

151276.38

267793.49

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

167936.54

293263.65

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

167936.54

293263.65

## 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).....

67.46

119.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

17532.33

38984.39

## 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)) .....

185536.33

332367.04

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

185536.33

332367.04

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	180748.04	310451.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	180748.04	310451.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	20.00
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	455.00
(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	455.00
29. Other Disbursements (Including Non-Federal Donations).....	12393.61	55544.46
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)) ..	193141.65	366470.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	193141.65	366470.58

# **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) .....	167936.54	293263.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	455.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	167936.54	292808.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	180748.04	310451.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	67.46	119.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	180680.58	310332.12

: 97 'A -G7 9 @ 5 B9 CI G' H9 LH' F9 @ 5 H98 'HC '5 ' F9 DCF HZ G7 < 98 I @ 'CF ' +9 A -N5 H -CB

Form/Schedule: F3XA

Transaction ID :

The Committee responds to the September 11, 2016 RFAI, with response due October 17, 2016, as follows: 1. The Committee's original 2016 July quarterly report did not include a list rental payment from a vendor and a small number of cash contributions that did not appear on the Committee's bank statement until July. This report has been amended to include these receipts, and to provide an updated Line 8 amount. The Committee has also corrected the Line 6(a) figure, which was carried over unchanged from the 2015 year-end report. 2. Any increase in the number of entries lacking complete name of employer and/or occupation information is likely the result of an increase in the portion of contributions received in response to direct mail solicitations. When a contributor fills out a contribution form by hand and mails it to the Committee, it is impossible to force them to include complete information. In spite of this, the Committee continues to exercise its best efforts to report the complete identification of all contributors whose contributions aggregate in excess of \$200 in a calendar year. First, all solicitations include a clear and conspicuous request for the required contributor information and a disclaimer informing the contributor of the requirements of federal law for reporting such information. Second, where a contributor has not provided all information or provided inadequate information, Committee policy is to communicate with all such contributors, at any dollar amount, via mail, email, or telephone to request the missing information. This request is not made in the form of a solicitation, and explains to the contributor that to comply with federal election law, the Committee is required to make its best efforts to obtain and report each contributor's name, address, name of employer and occupation. Third, if the contributor responds and provides the requested information, it is added to the contributor's record in the Committee's filing software and reported on the next regularly scheduled FEC Report, or an appropriate amendment is filed to a prior report. At this time, the Committee does not have any additional information for this report.

Form/Schedule:

Transaction ID:

# **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 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. HANSEN, ALLAN, L., MR.,

Mailing Address 3526 COUNTY ROAD 82 NW

City

ALEXANDRIA

State

MN

Zip Code

56308-8112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

Transaction ID : SA11A.293342

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

B. KIMBALL, AZALEA, L., MRS.,

Mailing Address 2615 LONE OAK WAY APT. 115

City

EUGENE

State

OR

Zip Code

97404-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

Transaction ID : SA11A.293327

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

C. HAZEL, JOHN, T., MR., JR.

Mailing Address 6254 HUNTLEY RD.

City

BROAD RUN

State

VA

Zip Code

20137-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

Transaction ID : SA11A.293507

Amount of Each Receipt this Period

375.00

☐ Memo Item  
CONTRIBUTION

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

495.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. LEARY, JANE, M., MRS.,

Mailing Address 108 MOORINGS PARK DR. APT. B306

City  
NAPLESState  
FLZip Code  
34105-2154FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

Transaction ID : SA11A.293505

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. MURRAY, MARY, T., MISS,

Mailing Address 98 MYERS AVE.

City  
HICKSVILLEState  
NYZip Code  
11801-2419FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

Transaction ID : SA11A.293429

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

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

C. SMITH, CALVIN, R., MR.,

Mailing Address 1218 MARSHALL ST.

City  
TUPELOState  
MSZip Code  
38804-1851FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

Transaction ID : SA11A.293506

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

220.16



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 91  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. KIMBALL, AZALEA, L., MRS.,**

Mailing Address 2615 LONE OAK WAY APT. 115

City  
EUGENE

State  
OR

Zip Code  
97404-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

Transaction ID : SA11A.294383

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**B. LEWIS, VERNON, F., MR.,**

Mailing Address 204 E SANTA CRUZ DR.

City  
GOODYEAR

State  
AZ

Zip Code  
85338-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

Transaction ID : SA11A.294402

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. WILLIAMS, LOUISE, M., MRS.,**

Mailing Address 128 W RING FACTORY RD. APT. 1253

City  
BEL AIR

State  
MD

Zip Code  
21014-5583

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

Transaction ID : SA11A.294678

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

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

220.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 91  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. BREWER, IRIS, B., MRS.,**

Mailing Address 104 WAYSIDE RD.

City  
OAK RIDGE

State  
TN

Zip Code  
37830-8525

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

Transaction ID : SA11A.294806

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**B. LAVIGNE, JACOB, , MR.,**

Mailing Address 196 FM 2608

City  
CENTER

State  
TX

Zip Code  
75935-5425

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

Transaction ID : SA11A.294805

Amount of Each Receipt this Period

67.00

☐ Memo Item  
CONTRIBUTION

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

**C. LEWIS, VERNON, F., MR.,**

Mailing Address 204 E SANTA CRUZ DR.

City  
GOODYEAR

State  
AZ

Zip Code  
85338-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

Transaction ID : SA11A.294816

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

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

162.00

# **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 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. LOCKE, LOUISE, G., MRS.,

Mailing Address 500 MOTT DR. APT. 218C

City  
RAYMOREState  
MOZip Code  
64083-8166FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

Transaction ID : SA11A.294885

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

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

B. ANDERSON, WALTER, R., MR.,

Mailing Address 4280 SUN VALLEY BLVD.

City  
EAST POINTState  
GAZip Code  
30344-6548FEC 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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11A.294988

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. BIRR, CHARLES, H., MR.,

Mailing Address 18860 MIDDLETOWN RD.

City  
NORTH BENTONState  
OHZip Code  
44449-9649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11A.294967

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

240.00

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  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. COLE, ALLAN, C., MR.,**

Mailing Address 4561 WESTCHESTER LN.

City  
PADUCAH

State  
KY

Zip Code  
42003-8832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11A.294970

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. HARBRECHT, RAY, J., CAPT., USN RET.**

Mailing Address 21800 COUNTRY WOODS DR.

City

FAIRHOPE

State

AL

Zip Code

36532-4452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11A.294978

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. SLAWIAK, RAYMOND, F., TSGT, USAF RET.**

Mailing Address 4605 BEAVER MEADOW RD.

City

VERNON

State

NY

Zip Code

13476-4009

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11A.294980

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

# **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 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. STEVENS, DOROTHY, , MRS.,

Mailing Address 3510 REMCO ST.

City  
CASTRO VALLEY

State  
CA

Zip Code  
94546-1148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11A.294979

Amount of Each Receipt this Period

105.00

☐ Memo Item  
CONTRIBUTION

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

B. TEMPLE, G., ERNEST, MR.,

Mailing Address P.O. BOX 5

City  
TWIN MOUNTAIN

State  
NH

Zip Code  
03595-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SA11A.294975

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

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

C. BEHRINGER, MARSHA, D., MS.,

Mailing Address 535 N YUCCA RIDGE RD.

City  
GLENDDORA

State  
CA

Zip Code  
91741-1888

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : SA11A.297306

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

245.00

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  
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FOR LINE NUMBER: PAGE 14 OF 91  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. HARTSTRA, JUNE, M., MISS,**

Mailing Address 3475 FRANKLIN RD.

City  
YUBA CITY

State  
CA

Zip Code  
95993-8622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 19 / 2016

Transaction ID : SA11A.297308

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. ZIEGLER, JOHN, W., MR.,**

Mailing Address 515 GRACE TER

City  
NEW OXFORD

State  
PA

Zip Code  
17350-7325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

04 / 19 / 2016

Transaction ID : SA11A.297316

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. DUNBAR, HENRY, T., MR.,**

Mailing Address 2412 LEE ST.

City  
ANCHORAGE

State  
AK

Zip Code  
99504-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

04 / 25 / 2016

Transaction ID : SA11A.297426

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

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

375.00

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. HAYDEN, BARBARA, J., MRS.,**

Mailing Address 1300 W HENRY ST

City  
SEDALIA

State  
MO

Zip Code  
65301-2753

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STARLINE INC

Occupation (for Individual)  
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 26 / 2016

Transaction ID : SA11A.297438

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. STARCHER, RAY, A., ,**

Mailing Address 3280 GRANVIEW RD.

City  
GRANVILLE

State  
OH

Zip Code  
43023-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 27 / 2016

Transaction ID : SA11A.297459

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**C. ALLISON, RICHARD, A., ,**

Mailing Address 1807 50TH ST NE

City  
TACOMA

State  
WA

Zip Code  
98422-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297832

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

900.00



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 16 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. ANDERSON, WALTER, R., MR.,

Mailing Address 4280 SUN VALLEY BLVD.

City  
EAST POINTState  
GAZip Code  
30344-6548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297879

Amount of Each Receipt this Period

105.00

☐ Memo Item  
CONTRIBUTION

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

B. BEHRINGER, MARSHA, D., MS.,

Mailing Address 535 N YUCCA RIDGE RD.

City  
GLENDDORAState  
CAZip Code  
91741-1888FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297800

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. BOUCHER, DORIS, M., MISS,

Mailing Address 220 SAINT MARYS DR. APT. 324  
APT 324City  
CHERRY HILLState  
NJZip Code  
08003-2577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297837

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

255.00



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. DENISON, NELSON, C., MR.,

Mailing Address 2814 BIRDSEYE LANE

City  
BOWIEState  
MDZip Code  
20715-3932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297845

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

B. EDWARDS, DOREEN, J., MS.,

Mailing Address 1120 E DAVIS DR.

City

TERRE HAUTE

State

IN

Zip Code

47802-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297792

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

C. GARDNER, BETTY, , MRS.,

Mailing Address 1572 GOODIN HOLLOW RD

City

NOEL

State

MO

Zip Code

64854-7235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297812

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

245.00

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 18 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. HANSEN, ALLAN, L., MR.,

Mailing Address 3526 COUNTY ROAD 82 NW

City

ALEXANDRIA

State

MN

Zip Code

56308-8112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297841

Amount of Each Receipt this Period

125.00

☐ Memo Item

CONTRIBUTION

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

B. HARBRECHT, RAY, J., CAPT., USN RET.

Mailing Address 21800 COUNTRY WOODS DR.

City

FAIRHOPE

State

AL

Zip Code

36532-4452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297846

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

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

C. KELLEN, JOHN, F., MR.,

Mailing Address 10018 W HAWTHORN DR.

City

SUN CITY

State

AZ

Zip Code

85351-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297852

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

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

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

575.00

# **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 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. LAVIGNE, JACOB, , MR.,**

Mailing Address 196 FM 2608

City  
CENTER

State  
TX

Zip Code  
75935-5425

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297823

Amount of Each Receipt this Period

70.00

☐ Memo Item  
CONTRIBUTION

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

**B. LEARY, JANE, M., MRS.,**

Mailing Address 108 MOORINGS PARK DR. APT. B306

City  
NAPLES

State  
FL

Zip Code  
34105-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297839

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. MORGAN, BILL, B., BRIGDR GEN, USAF RET.**

Mailing Address 108 OXFORD CT.

City  
BENTON

State  
KY

Zip Code  
42025-7515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297838

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

270.00

# **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 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. MORTON, JOSEPH, H., MR.,**

Mailing Address 433 S WATER STREET

City  
MILL HALL

State  
PA

Zip Code  
17751-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SA11A.297843**

Amount of Each Receipt this Period

135.00

☐ Memo Item  
CONTRIBUTION

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

**B. MURRAY, MARY, T., MISS,**

Mailing Address 98 MYERS AVE.

City  
HICKSVILLE

State  
NY

Zip Code  
11801-2419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SA11A.297787**

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

**C. POLLARD, DICK, , MR.,**

Mailing Address 6609 NORFOLK AVE.

City  
LUBBOCK

State  
TX

Zip Code  
79413-5902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SA11A.297851**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

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

480.00

# **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 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. RAYBOURN, SHELTON, A., MR.,

Mailing Address 112 HAWKINS ST.

City  
PETALState  
MSZip Code  
39465-3306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297808

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. SALIM, MARTHA, J., MS.,

Mailing Address 840 NANTUCKET DR.

City

BEAUMONT

State

TX

Zip Code

77706-5335

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297844

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

C. SLAWIAK, RAYMOND, F., TSGT, USAF RET.

Mailing Address 4605 BEAVER MEADOW RD.

City

VERNON

State

NY

Zip Code

13476-4009

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297834

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

300.00

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 22 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. TUGGEY, HOWARD, J., MR., USA RET.

Mailing Address 200 COUNTRY BROOK DR.

City  
KELLERState  
TXZip Code  
76248-2125FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297880

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

B. VALENTINE, DONALD, THOMAS, ,

Mailing Address 9745 E BAJADA RD.

City  
SCOTTSDALEState  
AZZip Code  
85262-8411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297848

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

C. WHITNEY, HENRY, P., MR.,

Mailing Address P.O. BOX 53

City  
EMPIREState  
COZip Code  
80438-0053FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SA11A.297835

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 23 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. HARBRECHT, RAY, J., CAPT., USN RET.**

Mailing Address 21800 COUNTRY WOODS DR.

City  
FAIRHOPE

State  
AL

Zip Code  
36532-4452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2016

Transaction ID : SA11A.298182

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. ARTHUR, JAMES, D., MR., TTEE**

Mailing Address 104 4TH AVE. NE

City  
CLARK

State  
SD

Zip Code  
57225-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2016

Transaction ID : SA11A.298370

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MASSICK, JAMES, W., MR.,**

Mailing Address 2131 NW PACIFIC YEW PL.

City  
ISSAQUAH

State  
WA

Zip Code  
98027-8642

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2016

Transaction ID : SA11A.298397

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

600.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 91  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. TEMPLE, G., ERNEST, MR.,**

Mailing Address P.O. BOX 5

City

TWIN MOUNTAIN

State

NH

Zip Code

03595-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2016

**Transaction ID : SA11A.298364**

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

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

**B. WEEKS, ANNIE, H., MRS.,**

Mailing Address 3411 ROCK LN.

City

IRONDALE

State

AL

Zip Code

35210-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2016

**Transaction ID : SA11A.298369**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. JOHNSON, KENNETH, W., MR., TTEE**

Mailing Address 2165 STOPPER DR.

City

MONTOURSVILLE

State

PA

Zip Code

17754-9697

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2016

**Transaction ID : SA11A.298446**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

440.00

**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 25 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. WALDEN, ROBERT, L., MR., USAF RET.**

Mailing Address 34 NW 1144 PRIVATE RD.

City  
LEETON

State  
MO

Zip Code  
64761-7134

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2016

Transaction ID : SA11A.298445

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HANSEN, ALLAN, L., MR.,**

Mailing Address 3526 COUNTY ROAD 82 NW

City

ALEXANDRIA

State

MN

Zip Code

56308-8112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

Transaction ID : SA11A.298701

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. LOCKE, LOUISE, G., MRS.,**

Mailing Address 500 MOTT DR. APT. 218C

City

RAYMORE

State

MO

Zip Code

64083-8166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

Transaction ID : SA11A.298700

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 26 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. COLE, ALLAN, C., MR.,**

Mailing Address 4561 WESTCHESTER LN.

City  
PADUCAH

State  
KY

Zip Code  
42003-8832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2016

Transaction ID : SA11A.298905

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. COLE, ALLAN, C., MR.,**

Mailing Address 4561 WESTCHESTER LN.

City  
PADUCAH

State  
KY

Zip Code  
42003-8832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2016

Transaction ID : SA11A.298976

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**C. VINTON, DRURY, L., MR.,**

Mailing Address 34 LILY LN.

City  
WEST LEBANON

State  
NH

Zip Code  
03784-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2016

Transaction ID : SA11A.298986

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1110.00

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

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

FOR LINE NUMBER: PAGE 27 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. HARTSTRA, JUNE, M., MISS,**

Mailing Address 3475 FRANKLIN RD.

City  
YUBA CITY

State  
CA

Zip Code  
95993-8622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

Transaction ID : SA11A.299049

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. LAROCHE, JACK, R., MR.,**

Mailing Address P.O. BOX 328

City  
SOUTH HILL

State  
VA

Zip Code  
23970-0328

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

Transaction ID : SA11A.299052

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. FRAMBURG, LAWRENCE, A., MR.,**

Mailing Address 1555 N ASTOR ST. APT. 33E

City  
CHICAGO

State  
IL

Zip Code  
60610-5775

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NULL

Occupation (for Individual)

NULL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2016

Transaction ID : SA11A.299105

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 28 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. PATTIE, EMMA, S., MR.,

Mailing Address 2404 RAYMOND PL

City  
HAYMARKET

State  
VA

Zip Code  
20169-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2016

Transaction ID : SA11A.299101

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. WILLIAMS, LOUISE, M., MRS.,

Mailing Address 128 W RING FACTORY RD. APT. 1253

City  
BEL AIR

State  
MD

Zip Code  
21014-5583

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2016

Transaction ID : SA11A.299096

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. CAVENDER, ANN, E., MS.,

Mailing Address 1242 CROWN RIDGE DR.

City  
PRESCOTT

State  
AZ

Zip Code  
86301-6556

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2016

Transaction ID : SA11A.299181

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

400.00

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 29 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

A. **PATTIE, EMMA, S., MR.,**

Mailing Address 2404 RAYMOND PL

City  
HAYMARKET

State  
VA

Zip Code  
20169-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2016

Transaction ID : SA11A.299178

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

B. **WEEKS, ANNIE, H., MRS.,**

Mailing Address 3411 ROCK LN.

City  
IRONDALE

State  
AL

Zip Code  
35210-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2016

Transaction ID : SA11A.299179

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. **BOUCHER, DORIS, M., MISS,**

Mailing Address 220 SAINT MARYS DR. APT. 324  
APT 324

City  
CHERRY HILL

State  
NJ

Zip Code  
08003-2577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

Transaction ID : SA11A.299432

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

375.00

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 30 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. JARVIS, BARBARA, A., MRS.,

Mailing Address 13923 DUNCANNON DR

City  
HOUSTONState  
TXZip Code  
77015-2413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

Transaction ID : SA11A.299428

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. LAVIGNE, JACOB, , MR.,

Mailing Address 196 FM 2608

City  
CENTERState  
TXZip Code  
75935-5425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

Transaction ID : SA11A.299424

Amount of Each Receipt this Period

67.00

☐ Memo Item  
CONTRIBUTION

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

C. RAYBOURN, SHELTON, A., MR.,

Mailing Address 112 HAWKINS ST.

City  
PETALState  
MSZip Code  
39465-3306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

Transaction ID : SA11A.299416

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

217.00

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 31 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. SMITH, ELENOR, C., MR.,

Mailing Address 100 BREEZY HILL RD.

City  
COLLINSVILLE

State  
CT

Zip Code  
06019-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

Transaction ID : SA11A.299603

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

B. BEHRINGER, MARSHA, D., MS.,

Mailing Address 535 N YUCCA RIDGE RD.

City  
GLENDDORA

State  
CA

Zip Code  
91741-1888

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : SA11A.299712

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

C. BIRR, CHARLES, H., MR.,

Mailing Address 18860 MIDDLETOWN RD.

City  
NORTH BENTON

State  
OH

Zip Code  
44449-9649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : SA11A.299717

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

425.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. GARDNER, BETTY, , MRS.,**

Mailing Address 1572 GOODIN HOLLOW RD

City  
NOEL

State  
MO

Zip Code  
64854-7235

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 ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : SA11A.299721

Amount of Each Receipt this Period

210.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAYDEN, AGNES, R., MRS.,**

Mailing Address 929 PENINSULA DR.

City

TRAVERSE CITY

State

MI

Zip Code

49686-2743

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : SA11A.299719

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

**C. LEARY, JANE, M., MRS.,**

Mailing Address 108 MOORINGS PARK DR. APT. B306

City

NAPLES

State

FL

Zip Code

34105-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : SA11A.299718

Amount of Each Receipt this Period

125.00

☐ Memo Item  
CONTRIBUTION

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

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

485.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. PRICE, LOIS, , MRS.,

Mailing Address 506 S 2ND ST

City  
DARDANELLEState  
ARZip Code  
72834-4302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : SA11A.299720

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

B. TEMPLE, G., ERNEST, MR.,

Mailing Address P.O. BOX 5

City  
TWIN MOUNTAINState  
NHZip Code  
03595-0005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : SA11A.299706

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

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

C. AKINA, ARLINE, L., MS., TTEE

Mailing Address 99-025 LOHEA PL.

City  
AIEAState  
HIZip Code  
96701-3035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300797

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

460.00

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 34 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. EDWARDS, DOREEN, J., MS.,

Mailing Address 1120 E DAVIS DR.

City

TERRE HAUTE

State

IN

Zip Code

47802-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300741

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

B. FRAMBURG, LAWRENCE, A., MR.,

Mailing Address 1555 N ASTOR ST. APT. 33E

City

CHICAGO

State

IL

Zip Code

60610-5775

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NULL

Occupation (for Individual)

NULL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300799

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. KIMBALL, AZALEA, L., MRS.,

Mailing Address 2615 LONE OAK WAY APT. 115

City

EUGENE

State

OR

Zip Code

97404-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300796

Amount of Each Receipt this Period

135.00

☐ Memo Item  
CONTRIBUTION

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

430.00

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 35 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. MASSICK, JAMES, W., MR.,**

Mailing Address 2131 NW PACIFIC YEW PL.

City  
ISSAQUAH

State  
WA

Zip Code  
98027-8642

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300823

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. MOORE, EDGAR, J., MAJ., USAF RET.**

Mailing Address 12738 W CASTLE ROCK DR.

City  
SUN CITY WEST

State  
AZ

Zip Code  
85375-4651

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300791

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. MORTON, JOSEPH, H., MR.,**

Mailing Address 433 S WATER STREET

City  
MILL HALL

State  
PA

Zip Code  
17751-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300780

Amount of Each Receipt this Period

67.00

☐ Memo Item  
CONTRIBUTION

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

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

267.00

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

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

FOR LINE NUMBER: PAGE 36 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. MURRAY, MARY, T., MISS,

Mailing Address 98 MYERS AVE.

City  
HICKSVILLEState  
NYZip Code  
11801-2419FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300743

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

B. SMITH, CALVIN, R., MR.,

Mailing Address 1218 MARSHALL ST.

City  
TUPELOState  
MSZip Code  
38804-1851FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300798

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

C. STEVENS, DOROTHY, , MRS.,

Mailing Address 3510 REMCO ST.

City  
CASTRO VALLEYState  
CAZip Code  
94546-1148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300794

Amount of Each Receipt this Period

105.00

☐ Memo Item  
CONTRIBUTION

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

350.00

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 37 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. VALENTINE, DONALD, THOMAS, ,

Mailing Address 9745 E BAJADA RD.

City  
SCOTTSDALEState  
AZZip Code  
85262-8411FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300800

Amount of Each Receipt this Period

375.00

☐ Memo Item  
CONTRIBUTION

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

B. WARD, NEVA, C., MS.,

Mailing Address 121 MOUNTAIN VIEW DR.

City  
BERLINState  
PAZip Code  
15530-1472FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300792

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. WHITE, CAROLYN, M., MS.,

Mailing Address 1414 S 1050 E

City  
OAKLAND CITYState  
INZip Code  
47660-8662FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA11A.300824

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

675.00

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 38 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. COSBY, PATRICIA, ELIZABETH, MRS.,**

Mailing Address 18168 DOGWOOD TRAIL RD.

City  
ROCKVILLE

State  
VA

Zip Code  
23146-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2016

Transaction ID : SA11A.300924

Amount of Each Receipt this Period

600.00

☐ Memo Item  
CONTRIBUTION

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

**B. BEHRINGER, MARSHA, D., MS.,**

Mailing Address 535 N YUCCA RIDGE RD.

City  
GLENDDORA

State  
CA

Zip Code  
91741-1888

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

Transaction ID : SA11A.301235

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**C. EDWARDS, DOREEN, J., MS.,**

Mailing Address 1120 E DAVIS DR.

City  
TERRE HAUTE

State  
IN

Zip Code  
47802-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

Transaction ID : SA11A.301136

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

700.00

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 39 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. HAYDEN, AGNES, R., MRS.,**

Mailing Address 929 PENINSULA DR.

City  
TRAVERSE CITY

State  
MI

Zip Code  
49686-2743

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

Transaction ID : SA11A.301241

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. HELTON, JOHN, H., MR.,**

Mailing Address 2500 21ST ST. NW APT. 94

City  
WINTER HAVEN

State  
FL

Zip Code  
33881-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

Transaction ID : SA11A.301313

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**C. VOELL, RICHARD, A., MR.,**

Mailing Address 13611 DEERING BAY DR.  
APT 1101

City  
CORAL GABLES

State  
FL

Zip Code  
33158-2843

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

Transaction ID : SA11A.301314

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

900.00



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

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

FOR LINE NUMBER: PAGE 40 OF 91  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. COLE, ALLAN, C., MR.,**

Mailing Address 4561 WESTCHESTER LN.

City  
PADUCAH

State  
KY

Zip Code  
42003-8832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY  
06 / 03 / 2016

Transaction ID : SA11A.307231

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. GAYLORD, VIRGINIA, L., MRS.,**

Mailing Address 430 N VINEDO AVE

City  
PASADENA

State  
CA

Zip Code  
91107-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2016

Transaction ID : SA11A.308969

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. ATKINS, HUGH, , MR.,**

Mailing Address 4487 SW REIF RD.

City  
POWELL BUTTE

State  
OR

Zip Code  
97753-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 07 / 2016

Transaction ID : SA11A.309252

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

500.00



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

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

FOR LINE NUMBER: PAGE 41 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. DUNBAR, HENRY, T., MR.,**

Mailing Address 2412 LEE ST.

City  
ANCHORAGE

State  
AK

Zip Code  
99504-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

Transaction ID : SA11A.309237

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. MARX, RICHARD, C., MR.,**

Mailing Address PO BOX 440

City  
WAPPINGERS FALLS

State  
NY

Zip Code  
12590-0440

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

Transaction ID : SA11A.309253

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SLAWIAK, RAYMOND, F., TSGT, USAF RET.**

Mailing Address 4605 BEAVER MEADOW RD.

City  
VERNON

State  
NY

Zip Code  
13476-4009

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

Transaction ID : SA11A.309247

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 42 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. WALDEN, ROBERT, L., MR., USAF RET.

Mailing Address 34 NW 1144 PRIVATE RD.

City  
LEETON

State  
MO

Zip Code  
64761-7134

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

Transaction ID : SA11A.309250

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. WHITNEY, HENRY, P., MR.,

Mailing Address P.O. BOX 53

City  
EMPIRE

State  
CO

Zip Code  
80438-0053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

Transaction ID : SA11A.309251

Amount of Each Receipt this Period

119.00

☐ Memo Item  
CONTRIBUTION

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

C. DODGE, DAVID, ELGIN, ,

Mailing Address 12621 N FRANK LLOYD WRIGHT BLVD.

City  
SCOTTSDALE

State  
AZ

Zip Code  
85259-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2016

Transaction ID : SA11A.309344

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

319.00

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

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

FOR LINE NUMBER: PAGE 43 OF 91

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

A. **DODGE, DAVID, ELGIN, ,**

Mailing Address 12621 N FRANK LLOYD WRIGHT BLVD.

City  
SCOTTSDALE

State  
AZ

Zip Code  
85259-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2016

Transaction ID : SA11A.309345

Amount of Each Receipt this Period

125.00

☐ Memo Item  
CONTRIBUTION

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

B. **COLE, ALLAN, C., MR.,**

Mailing Address 4561 WESTCHESTER LN.

City  
PADUCAH

State  
KY

Zip Code  
42003-8832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA11A.309455

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

C. **PRICE, LOIS, , MRS.,**

Mailing Address 506 S 2ND ST

City  
DARDANELLE

State  
AR

Zip Code  
72834-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA11A.309458

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

205.00

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 44 OF 91  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

**Special Operations Speaks PAC - SOS PAC**

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

**A. LEARY, JANE, M., MRS.,**

Mailing Address 108 MOORINGS PARK DR. APT. B306

City  
NAPLES

State  
FL

Zip Code  
34105-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

06 / 16 / 2016

Transaction ID : SA11A.312593

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

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

**B. BREWER, IRIS, B., MRS.,**

Mailing Address 104 WAYSIDE RD.

City

OAK RIDGE

State

TN

Zip Code

37830-8525

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.313099

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. GAYLORD, VIRGINIA, L., MRS.,**

Mailing Address 430 N VINEDO AVE

City

PASADENA

State

CA

Zip Code

91107-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.313071

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

200.00

**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 45 OF 91  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. LOCKE, LOUISE, G., MRS.,**

Mailing Address 500 MOTT DR. APT. 218C

City  
RAYMORE

State  
MO

Zip Code  
64083-8166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.313091

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**B. REGULA, CATHERINE, J., MS.,**

Mailing Address 19206 STONE BRK.

City

CHAPEL HILL

State

NC

Zip Code

27517-8349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.313102

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**C. EDWARDS, DOREEN, J., MS.,**

Mailing Address 1120 E DAVIS DR.

City

TERRE HAUTE

State

IN

Zip Code

47802-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

06 / 28 / 2016

Transaction ID : SA11A.313170

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

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

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

320.00

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

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

FOR LINE NUMBER: PAGE 46 OF 91  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. HARTSTRA, JUNE, M., MISS,**

Mailing Address 3475 FRANKLIN RD.

City  
YUBA CITY

State  
CA

Zip Code  
95993-8622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA11A.313177

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BEHRINGER, MARSHA, D., MS.,**

Mailing Address 535 N YUCCA RIDGE RD.

City  
GLENDDORA

State  
CA

Zip Code  
91741-1888

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.313256

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C.**

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

150.00

16660.16

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

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

FOR LINE NUMBER: PAGE 47 OF 91  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. SMALLWOOD, DONALD, B., ,**

Mailing Address 27872 S SATSUMA RD.

City  
LIVINGSTON

State  
LA

Zip Code  
70754-3115

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 ▼

217.00

Date of Receipt

**04 / 04 / 2016**

**Transaction ID : SA17.313260**

Amount of Each Receipt this Period

-117.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CAREY ACCOUNT  
CONTRIBUTION; CHARGED BACK

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

**B. SMALLWOOD, DONALD, B., ,**

Mailing Address 27872 S SATSUMA RD.

City  
LIVINGSTON

State  
LA

Zip Code  
70754-3115

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 ▼

217.00

Date of Receipt

**04 / 04 / 2016**

**Transaction ID : SA17.313261**

Amount of Each Receipt this Period

-117.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CAREY ACCOUNT  
CONTRIBUTION; CHARGED BACK

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

**C. SMALLWOOD, DONALD, B., ,**

Mailing Address 27872 S SATSUMA RD.

City  
LIVINGSTON

State  
LA

Zip Code  
70754-3115

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 ▼

217.00

Date of Receipt

**04 / 05 / 2016**

**Transaction ID : SA17.313262**

Amount of Each Receipt this Period

-117.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CAREY ACCOUNT  
CONTRIBUTION; CHARGED BACK

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

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

-351.00



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

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

FOR LINE NUMBER: PAGE 48 OF 91  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. SMALLWOOD, DONALD, B., ,**

Mailing Address 27872 S SATSUMA RD.

City  
LIVINGSTON

State  
LA

Zip Code  
70754-3115

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 ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

**Transaction ID : SA17.313298**

Amount of Each Receipt this Period

-117.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CAREY ACCOUNT  
CONTRIBUTION; CHARGED BACK

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

**B. NOVA LIST COMPANY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300

City  
ASHBURN

State  
VA

Zip Code  
20147

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 ▼

15452.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA17.85789**

Amount of Each Receipt this Period

278.81

☐ Memo Item  
LIST RENTAL INCOME

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

**C. RATHBONE, JAMES, D., ,**

Mailing Address 940 NE RAVEN CT.

City  
BEND

State  
OR

Zip Code  
97701-8816

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SA17.313291**

Amount of Each Receipt this Period

78.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; TO BE CHARGED  
BACK

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

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

239.81



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

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

FOR LINE NUMBER: PAGE 49 OF 91  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

**A. RATHBONE, JAMES, D., ,**

Mailing Address 940 NE RAVEN CT.

City  
BEND

State  
OR

Zip Code  
97701-8816

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SA17.313292**

Amount of Each Receipt this Period

78.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

**B. SMALLWOOD, DONALD, B., ,**

Mailing Address 27872 S SATSUMA RD.

City

LIVINGSTON

State

LA

Zip Code

70754-3115

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 ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : SA17.313259**

Amount of Each Receipt this Period

-117.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CAREY ACCOUNT  
CONTRIBUTION; CHARGED BACK

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

**C. ACTIVE ENGAGEMENT LLC**

Mailing Address 44804 RIVERSIDE PARKWAY  
SUITE 350

City

LANSDOWNE

State

VA

Zip Code

20176

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 ▼

16388.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2016

**Transaction ID : SA17.85676**

Amount of Each Receipt this Period

2400.00

☐ Memo Item  
LIST RENTAL INCOME

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

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

2361.00

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

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

FOR LINE NUMBER: PAGE 50 OF 91

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

## **A. NOVA LIST COMPANY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300

City  
ASHBURN

State  
VA

Zip Code  
20147

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 ▼

15452.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2016

Transaction ID : SA17.84727

Amount of Each Receipt this Period

1676.92

☐ Memo Item

LIST RENTAL INCOME

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

## **B. NOVA LIST COMPANY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300

City  
ASHBURN

State  
VA

Zip Code  
20147

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 ▼

15452.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2016

Transaction ID : SA17.93038

Amount of Each Receipt this Period

1348.22

☐ Memo Item

LIST RENTAL INCOME

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

## **C. ACTIVE ENGAGEMENT LLC**

Mailing Address 44804 RIVERSIDE PARKWAY  
SUITE 350

City  
LANSDOWNE

State  
VA

Zip Code  
20176

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 ▼

16388.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA17.85787

Amount of Each Receipt this Period

2948.00

☐ Memo Item

LIST RENTAL INCOME

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

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

5973.14

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

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

FOR LINE NUMBER: PAGE 51 OF 91  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

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

## **A. NOVA LIST COMPANY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300

City  
ASHBURN

State  
VA

Zip Code  
20147

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 ▼

15452.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Transaction ID : SA17.85631

Amount of Each Receipt this Period

8045.38

☐ Memo Item

LIST RENTAL INCOME

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

## **B.**

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

## **C.**

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

8045.38

16268.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER COURT

City  
DULLESState  
VAZip Code  
20166Purpose of Disbursement  
POSTAGE AND DELIVERY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8558**

Amount of Each Disbursement this Period

1155.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 100 NORTH TRYON ST.

City  
CHARLOTTEState  
NCZip Code  
28255Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.I85601**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8559**

Amount of Each Disbursement this Period

111.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1291.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 91

<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

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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I8560I**

Amount of Each Disbursement this Period

100.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN CAGING, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2016

Mailing Address 4850 WRIGHT RD  
STE 168City  
STAFFORDState  
TXZip Code  
77477Purpose of Disbursement  
CAGING AND ESCROW

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I8559I**

Amount of Each Disbursement this Period

680.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONOR BUREAU**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2016

Mailing Address 1900 N CULPEPER ST

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
STATISTICAL MODELING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I8559I**

Amount of Each Disbursement this Period

510.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1291.86

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
CREATIVE,PROD & PRGRM MGMT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8559I**

Amount of Each Disbursement this Period

6513.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NOVA LIST COMPANY**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
MAILING LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8559I**

Amount of Each Disbursement this Period

4431.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RITE ENVELOPE & GRAPHICS INC.**

Mailing Address 250 BOOT RD

City  
DOWNINGTONState  
PAZip Code  
19335Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8559I**

Amount of Each Disbursement this Period

1889.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12835.25
----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST FULFILLMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8559**

Amount of Each Disbursement this Period

2902.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: DONOR DATA REPORTS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8559**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST MAINTENANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8559**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2967.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. VALLEY PRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2016

Mailing Address FIVE EAST MONTGOMERY AVENUE

City  
BALA CYNWYDState  
PAZip Code  
19004Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8559**

Amount of Each Disbursement this Period

1839.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MDI IMAGING & MAIL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2016

Mailing Address 21955 CASCADES PARKWAY

City  
DULLESState  
VAZip Code  
20166Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8558**

Amount of Each Disbursement this Period

3330.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NOVA LIST COMPANY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
MAILING LIST RENTAL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8558**

Amount of Each Disbursement this Period

62.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5231.59



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8558**

Amount of Each Disbursement this Period

110.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SMITH, DONALD, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2016

Mailing Address 6214 DEVONHURST DR

City  
JACKSONVILLEState  
FLZip Code  
32258Purpose of Disbursement  
REIMBURSEMENT - MILEAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

430.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8558**

Amount of Each Disbursement this Period

7018.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7559.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. SMITH, DONALD, , ,**

Mailing Address 6214 DEVONHURST DR

City  
JACKSONVILLEState  
FLZip Code  
32258Purpose of Disbursement  
REIMBURSEMENTS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

164.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PINE NEEDLES LODGE**

Mailing Address 1005/1010 MIDLAND ROAD

City  
SOUTHERN PINESState  
NCZip Code  
28387Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

164.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FULFILLMENT HOUSE**Mailing Address 22630 DULLES SUMMIT CT  
STE 190City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8557**

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)..... ►

5164.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. FULFILLMENT HOUSE**Mailing Address 22630 DULLES SUMMIT CT  
STE 190City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8558**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8558**

Amount of Each Disbursement this Period

105.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8558**

Amount of Each Disbursement this Period

900.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3705.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 100 NORTH TRYON ST.

City  
CHARLOTTEState  
NCZip Code  
28255Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8560**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8560**

Amount of Each Disbursement this Period

1162.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. IMAGE DIRECT LLC**Mailing Address 200 MONROE AVE  
BUILDING 4City  
FREDERICKState  
MDZip Code  
21701Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8560**

Amount of Each Disbursement this Period

3327.61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4515.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. NOVA LIST COMPANY**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8560**

Amount of Each Disbursement this Period

676.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8560**

Amount of Each Disbursement this Period

6636.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
SERVICE FEES - POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8560**

Amount of Each Disbursement this Period

99.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7412.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8561I**

Amount of Each Disbursement this Period

13.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8560I**

Amount of Each Disbursement this Period

1070.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONOR BUREAU**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2016

Mailing Address 1900 N CULPEPER ST

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
STATISTICAL MODELING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I856I**

Amount of Each Disbursement this Period

507.72

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1591.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8561**

Amount of Each Disbursement this Period

938.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. IMAGE DIRECT LLC**Mailing Address 200 MONROE AVE  
BUILDING 4City  
FREDERICKState  
MDZip Code  
21701Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I85614**

Amount of Each Disbursement this Period

3483.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
SERVICE FEES - POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8561**

Amount of Each Disbursement this Period

277.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4699.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I85611

Amount of Each Disbursement this Period

18481.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I85617

Amount of Each Disbursement this Period

40.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RITE ENVELOPE & GRAPHICS INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2016

Mailing Address 250 BOOT RD

City  
DOWNINGTONState  
PAZip Code  
19335Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I8561

Amount of Each Disbursement this Period

7214.00

☐ Memo Item

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

25735.79

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		25		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : SB21B.I8561

Amount of Each Disbursement this Period

361.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN CAGING, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2016

Mailing Address 4850 WRIGHT RD  
STE 168City  
STAFFORDState  
TXZip Code  
77477Purpose of Disbursement  
CAGING AND ESCROW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : SB21B.I8561

Amount of Each Disbursement this Period

1181.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. IMAGE DIRECT LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2016

Mailing Address 200 MONROE AVE  
BUILDING 4City  
FREDERICKState  
MDZip Code  
21701Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : SB21B.I8578

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)..... ►

6542.30

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
SERVICE FEES - POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I85621**

Amount of Each Disbursement this Period

99.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I85621**

Amount of Each Disbursement this Period

6635.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8562**

Amount of Each Disbursement this Period

2.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6737.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. DONOR BUREAU**

Mailing Address 1900 N CULPEPER ST

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
STATISTICAL MODELING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8570**

Amount of Each Disbursement this Period

829.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
CREATIVE,PROD & PRGRM MGMT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8570**

Amount of Each Disbursement this Period

6242.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. IMAGE DIRECT LLC**Mailing Address 200 MONROE AVE  
BUILDING 4City  
FREDERICKState  
MDZip Code  
21701Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8570**

Amount of Each Disbursement this Period

2230.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9302.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. NOVA LIST COMPANY**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
MAILING LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8570!**

Amount of Each Disbursement this Period

3097.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
SERVICE FEES - POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8570!**

Amount of Each Disbursement this Period

69.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8570**

Amount of Each Disbursement this Period

4620.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7787.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8571I**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SECUREONE DATA SOLUTIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2016

Mailing Address 2801 NORTH 33RD AVENUE  
STE 1City  
PHOENIXState  
AZZip Code  
85009Purpose of Disbursement  
CAGING AND ESCROW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8570I**

Amount of Each Disbursement this Period

438.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SECUREONE DATA SOLUTIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2016

Mailing Address 2801 NORTH 33RD AVENUE  
STE 1City  
PHOENIXState  
AZZip Code  
85009Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8570I**

Amount of Each Disbursement this Period

331.58

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

785.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 100 NORTH TRYON ST.

City  
CHARLOTTEState  
NCZip Code  
28255Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8560**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN CAGING, INC.**Mailing Address 4850 WRIGHT RD  
STE 168City  
STAFFORDState  
TXZip Code  
77477Purpose of Disbursement  
CAGING AND ESCROW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8557**

Amount of Each Disbursement this Period

3565.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONOR BUREAU**

Mailing Address 1900 N CULPEPER ST

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
LIST DATA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8557**

Amount of Each Disbursement this Period

872.51

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4462.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. HSP DIRECT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
CREATIVE, PROD & PRGRM MGMT FEE

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I8557

Amount of Each Disbursement this Period

7603.80

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. MDI IMAGING & MAIL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2016

Mailing Address 21955 CASCADES PARKWAY

City  
DULLESState  
VAZip Code  
20166Purpose of Disbursement  
PRINTING AND MAILSHOP

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I8576C

Amount of Each Disbursement this Period

2229.22

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. NOVA LIST COMPANY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
MAILING LIST RENTAL

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I8557

Amount of Each Disbursement this Period

3185.52

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

13018.54

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: DONOR DATA REPORTS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8576**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST FULFILLMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8576**

Amount of Each Disbursement this Period

4519.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST MAINTENANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8576**

Amount of Each Disbursement this Period

165.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4784.41



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN CAGING, INC.**Mailing Address 4850 WRIGHT RD  
STE 168City  
STAFFORDState  
TXZip Code  
77477Purpose of Disbursement  
CAGING AND ESCROW

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8566**

Amount of Each Disbursement this Period

1704.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONOR BUREAU**

Mailing Address 1900 N CULPEPER ST

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
LIST DATA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8566**

Amount of Each Disbursement this Period

550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
CREATIVE, PROD & PRGRM MGMT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8566**

Amount of Each Disbursement this Period

9211.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11465.88

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. MDI IMAGING & MAIL**

Mailing Address 21955 CASCADES PARKWAY

City  
DULLESState  
VAZip Code  
20166Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I8576

Amount of Each Disbursement this Period

1329.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NOVA LIST COMPANY**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
MAILING LIST RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I85664

Amount of Each Disbursement this Period

3945.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I8577

Amount of Each Disbursement this Period

121.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5396.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: DONOR DATA REPORTS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8575i**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST FULFILLMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8575i**

Amount of Each Disbursement this Period

1962.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST MAINTENANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8575i**

Amount of Each Disbursement this Period

195.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2207.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. FULFILLMENT HOUSE**Mailing Address 22630 DULLES SUMMIT CT  
STE 190City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8566!**

Amount of Each Disbursement this Period

3865.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
CREATIVE, PROD & PRGRM MGMT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8566**

Amount of Each Disbursement this Period

4686.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NOVA LIST COMPANY**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
MAILING LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8566**

Amount of Each Disbursement this Period

3213.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11766.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. SUNRISE DATA SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: DONOR DATA REPORTS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8576!**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SUNRISE DATA SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST FULFILLMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8576!**

Amount of Each Disbursement this Period

1443.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SUNRISE DATA SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST MAINTENANCE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I8576**

Amount of Each Disbursement this Period

240.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1733.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8568**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN CAGING, INC.**Mailing Address 4850 WRIGHT RD  
STE 168City  
STAFFORDState  
TXZip Code  
77477Purpose of Disbursement  
CAGING AND ESCROW

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.I85771**

Amount of Each Disbursement this Period

858.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
CREATIVE, PROD & PRGRM MGMT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8577**

Amount of Each Disbursement this Period

6308.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7206.74

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. NOVA LIST COMPANY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
MAILING LIST RENTAL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I8577

Amount of Each Disbursement this Period

581.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SUNRISE DATA SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: DONOR DATA REPORTS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I8577

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SUNRISE DATA SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST FULFILLMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I8577

Amount of Each Disbursement this Period

1218.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1879.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: LIST MAINTENANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I85777**

Amount of Each Disbursement this Period

215.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SUNRISE DATA SERVICES**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DATA: MAIL LIST PROCESSING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I85777**

Amount of Each Disbursement this Period

1453.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. A-1 SHUTTLE AND TAXI**

Mailing Address 56 WOLVERINE AVENUE

City  
VALPARAISOState  
FLZip Code  
32580Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

28.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1668.83



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**Mailing Address 4255 AMON CARTER BLVD  
M.D. 5675City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8568**

Amount of Each Disbursement this Period

657.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**Mailing Address 4255 AMON CARTER BLVD  
M.D. 5675City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
BAGGAGE FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BORDEAUX LIBERTY**

Mailing Address 1850 OWEN DRIVE

City  
FAYETTEVILLEState  
NCZip Code  
28304Purpose of Disbursement  
GAS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

16.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

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<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. BURGER KING**

Mailing Address MCCARREN INTERNATIONAL AIRPORT

City  
LAS VEGASState  
NVZip Code  
89119Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

7.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARRIS TEETER**

Mailing Address PO BOX 10100

City  
MATTHEWSState  
NCZip Code  
28106Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

5.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. IN THE ROUGH LOUNGE**

Mailing Address 1005 MIDLAND ROAD

City  
SOUTHERN PINESState  
NCZip Code  
28387Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

41.83

☒ 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 PageFOR LINE NUMBER:  
(check only one)

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<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. PINE NEEDLES LODGE**

Mailing Address 1005/1010 MIDLAND ROAD

City  
SOUTHERN PINESState  
NCZip Code  
28387Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8568**

Amount of Each Disbursement this Period

512.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. THRIFTY CAR RENTAL**

Mailing Address 5330 E 31ST ST

City  
TULSAState  
OKZip Code  
74135Purpose of Disbursement  
RENTAL CAR

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8568**

Amount of Each Disbursement this Period

135.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. VALENTI'S ITALIAN RESTAURANT**

Mailing Address 3781 US HIGHWAY 1 N

City  
VASSState  
NCZip Code  
28394Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

FEC Identification Number

**C****Transaction ID : SB21B.I8569**

Amount of Each Disbursement this Period

39.26

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

180748.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City  
SAN FRANCISCOState  
CAZip Code  
94128Purpose of Disbursement  
CAREY ACCOUNT - MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2016

FEC Identification Number

**C****Transaction ID : SB29.I85673**

Amount of Each Disbursement this Period

37.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2016

FEC Identification Number

**C****Transaction ID : SB29.I85671**

Amount of Each Disbursement this Period

285.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BAILEY, LARRY, , ,**

Mailing Address 103 PAMLICO PL

City  
CHOCOWINITYState  
NCZip Code  
27817Purpose of Disbursement  
CAREY ACCOUNT - REIMBURSEMENT FOR TRAVEL EXPENSES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2016

FEC Identification Number

**C****Transaction ID : SB29.I85669**

Amount of Each Disbursement this Period

727.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1051.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. BRAUER, RICHARD, , MR.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2016

Mailing Address 24 COUNTRY CLUB RD.

City  
SHALIMARState  
FLZip Code  
32579Purpose of Disbursement  
CAREY ACCOUNT - REIMBURSEMENT FOR COMMITTEE EXPENSES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I85668**

Amount of Each Disbursement this Period

1493.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2016

Mailing Address 203 SOUTH UNION ST  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314-3356Purpose of Disbursement  
CAREY ACCOUNT - LEGAL AND COMPLIANCE SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I85625**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2016

Mailing Address 203 SOUTH UNION ST  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314-3356Purpose of Disbursement  
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB29.I85626**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4093.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

Mailing Address 1593 SPRING HILL RD  
SUITE 400City  
VIENNAState  
VAZip Code  
22182Purpose of Disbursement  
CAREY ACCOUNT - COMPLIANCE SOFTWARE FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** **Transaction ID : SB29.I85627**

Amount of Each Disbursement this Period

 100.00☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. PCI PAYMENT SOLUTIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2016

Mailing Address 902 CHINQUAPIN RD

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
CAREY ACCOUNT - PAYMENT PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** **Transaction ID : SB29.I85672**

Amount of Each Disbursement this Period

 20.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PCI PAYMENT SOLUTIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Mailing Address 902 CHINQUAPIN RD

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
CAREY ACCOUNT - PAYMENT PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** **Transaction ID : SB29.I85675**

Amount of Each Disbursement this Period

 172.99☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 192.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City  
SAN FRANCISCOState  
CAZip Code  
94128Purpose of Disbursement  
CAREY ACCOUNT - MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

FEC Identification Number

**C** **Transaction ID : SB29.I85674**

Amount of Each Disbursement this Period

 37.90☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500City  
GRAND RAPIDSState  
MIZip Code  
49503Purpose of Disbursement  
CAREY ACCOUNT - CHARGEBACK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

FEC Identification Number

**C** **Transaction ID : SB29.I85792**

Amount of Each Disbursement this Period

 15.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500City  
GRAND RAPIDSState  
MIZip Code  
49503Purpose of Disbursement  
CAREY ACCOUNT - PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

FEC Identification Number

**C** **Transaction ID : SB29.I85793**

Amount of Each Disbursement this Period

 179.59☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 232.49

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 91

<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**Mailing Address 203 SOUTH UNION ST  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314-3356Purpose of Disbursement  
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2016

FEC Identification Number

**C** **Transaction ID : SB29.I85678**

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400City  
VIENNAState  
VAZip Code  
22182Purpose of Disbursement  
CAREY ACCOUNT - COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2016

FEC Identification Number

**C** **Transaction ID : SB29.I85679**

Amount of Each Disbursement this Period

 1000.00☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
CAREY ACCOUNT - PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2016

FEC Identification Number

**C** **Transaction ID : SB29.I85677**

Amount of Each Disbursement this Period

 100.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 1100.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**Mailing Address 203 SOUTH UNION ST  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314-3356Purpose of Disbursement  
CAREY ACCOUNT - LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	4			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB29.I85574**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City  
SAN FRANCISCOState  
CAZip Code  
94128Purpose of Disbursement  
CAREY ACCOUNT - MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB29.I85685**

Amount of Each Disbursement this Period

37.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800City  
ATLANTAState  
GAZip Code  
30328Purpose of Disbursement  
CAREY ACCOUNT - MERCHANT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB29.I85756**

Amount of Each Disbursement this Period

319.14

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2857.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
CAREY ACCOUNT - PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2016

FEC Identification Number

**C****Transaction ID : SB29.I85683**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**Mailing Address 203 SOUTH UNION ST  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314-3356Purpose of Disbursement  
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2016

FEC Identification Number

**C****Transaction ID : SB29.I85681**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400City  
VIENNAState  
VAZip Code  
22182Purpose of Disbursement  
CAREY ACCOUNT - COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2016

FEC Identification Number

**C****Transaction ID : SB29.I85682**

Amount of Each Disbursement this Period

50.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

350.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**Mailing Address 203 SOUTH UNION ST  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314-3356Purpose of Disbursement  
CAREY ACCOUNT - LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	6		

FEC Identification Number

**C** **Transaction ID : SB29.I85782**

Amount of Each Disbursement this Period

 2500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500City  
GRAND RAPIDSState  
MIZip Code  
49503Purpose of Disbursement  
CAREY ACCOUNT - PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	6		

FEC Identification Number

**C** **Transaction ID : SB29.I85794**

Amount of Each Disbursement this Period

 15.89☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** 

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶ 2515.89**TOTAL** This Period (last page this line number only).....▶ 12393.61