

# 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 REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

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 11 / 08 / 2016 in the State of  

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

General (30G)  Runoff (30R)  Special (30S)

Election on   /   /   in the State of  

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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 10 / 25 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Special Operations Speaks PAC - SOS PAC**

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>  |                         | 35706.58                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 12418.38                |                                   |
| (c) Total Receipts (from Line 19) .....  | 55469.94                | 509556.91                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 67888.32                | 545263.49                         |
| 7. Total Disbursements (from Line 31).....   | 13238.83                | 490614.00                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 54649.49                | 54649.49                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Special Operations Speaks PAC - SOS PAC**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 10023.00                      | 55771.16                          |
| (ii) Unitemized .....   | 38896.72                      | 393524.64                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 48919.72                      | 449295.80                         |
| (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) .....  | 48919.72                      | 449295.80                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 299.85                            |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 6550.22                       | 59961.26                          |
| 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)).....▶                         | 55469.94                      | 509556.91                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 55469.94                      | 509556.91                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 12556.93                      | 433852.64                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 12556.93                      | 433852.64                         |
| 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 .....                                  | 144.00                        | 659.00                            |
| (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)).....                            | 144.00                        | 659.00                            |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 537.90                        | 56082.36                          |
| 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)) ..      | 13238.83                      | 490614.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13238.83                      | 490614.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 48919.72                              | 449295.80                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 144.00                                | 659.00                                    |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 48775.72                              | 448636.80                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 12556.93                              | 433852.64                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 299.85                                    |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 12556.93                              | 433552.79                                 |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 42                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. AKINA, ARLINE, L., MS., TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99-025 LOHEA PL.  
 City AIEA State HI Zip Code 96701-3035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.551005**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. ALLMON, JACK, L., MR., USAF RET.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 COUNTY ROAD 4190  
 City SALEM State MO Zip Code 65560-8286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551116**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. ALLMON, JACK, L., MR., USAF RET.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 COUNTY ROAD 4190  
 City SALEM State MO Zip Code 65560-8286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.551992**  
 Amount of Each Receipt this Period 52.00  
 Memo Item CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 377.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

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

FOR LINE NUMBER: PAGE 7 OF 42  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. ARTHUR, JAMES, D., MR., TTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 4TH AVE. NE

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>CLARK | State<br>SD | Zip Code<br>57225-1230 |
|---------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
695.00

Date of Receipt  
10 / 17 / 2016  
**Transaction ID : SA11A.551746**

Amount of Each Receipt this Period  
45.00

Memo Item  
CONTRIBUTION

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

Mailing Address 244 LIBERTY ST.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>WARSAW | State<br>NY | Zip Code<br>14569-9501 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
10 / 03 / 2016  
**Transaction ID : SA11A.550931**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

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

Mailing Address 244 LIBERTY ST.

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>WARSAW | State<br>NY | Zip Code<br>14569-9501 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
10 / 13 / 2016  
**Transaction ID : SA11A.551408**

Amount of Each Receipt this Period  
48.00

Memo Item  
CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 133.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

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

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. BEHRINGER, MARSHA, D., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 N YUCCA RIDGE RD.

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>GLENDDORA | State<br>CA | Zip Code<br>91741-1888 |
|-------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 07    |   | 2016        |

**Transaction ID : SA11A.551007**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3621 BLUE HILL CT.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>ELLCOTT CITY | State<br>MD | Zip Code<br>21042-3901 |
|----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 13    |   | 2016        |

**Transaction ID : SA11A.551439**

Amount of Each Receipt this Period  
180.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1 W 67TH ST.

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>NEW YORK | State<br>NY | Zip Code<br>10023-6200 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BES |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2016        |

**Transaction ID : SA11A.551834**

Amount of Each Receipt this Period  
205.00

Memo Item  
CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 460.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

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

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

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. BUCHANAN, ROBERT, D., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4751 EAGLERIDGE CIR. APT. 108  
 APT 108  
 City PUEBLO State CO Zip Code 81008-2123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.552064**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. CASTEEL, HENRY, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2720 DOSTER RD.  
 City MADISON State GA Zip Code 30650-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.551584**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. CAVENDER, ANN, E., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA11A.550820**  
 Amount of Each Receipt this Period 375.00  
 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 10 OF 42  
(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**

**A. CHALIFOUR, LEE, H., CMSGT, USAF RET.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 COLONIAL ST. SE  
 City PORT CHARLOTTE State FL Zip Code 33952-9106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA11A.551296**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. CHALIFOUR, LEE, H., CMSGT, USAF RET.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 COLONIAL ST. SE  
 City PORT CHARLOTTE State FL Zip Code 33952-9106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.552090**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. COBB, ELEANOR, L., MRS., TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 S VISTA ST.  
 City LOS ANGELES State CA Zip Code 90036-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551200**  
 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 11 OF 42  
(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**

**A. COBB, ELEANOR, L., MRS., TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 S VISTA ST.  
 City LOS ANGELES   State CA   Zip Code 90036-2707  
 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 10 / 18 / 2016  
**Transaction ID : SA11A.551914**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. COSBY, PATRICIA, ELIZABETH, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1400.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551033**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. COSBY, PATRICIA, ELIZABETH, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1400.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551256**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 12 OF 42  
(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**

**A. COUCH, RICHARD, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13803 BIRDAVEN LN.  
 City GROTTOES   State VA   Zip Code 24441-5227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KENAMETAL   Occupation (for Individual) MACHINE OPERATER  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.551965**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**B. DAVIS, BRADFORD, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3612 HUNTER RD.  
 City KERSHAW   State SC   Zip Code 29067-8734  
 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 10 / 14 / 2016  
**Transaction ID : SA11A.551494**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. DAWSON, DAVID, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 637 BERTHA AVE.  
 City BREMERTON   State WA   Zip Code 98312-3515  
 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 ▼ 240.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551263**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**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 13 OF 42  
(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**

**A. DENISON, NELSON, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2814 BIRDSEYE LN.  
 City BOWIE State MD Zip Code 20715-3932  
 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 10 / 18 / 2016  
**Transaction ID : SA11A.551935**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. DOTSON, GERALD, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 306  
 City YACHATS State OR Zip Code 97498-0306  
 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 10 / 04 / 2016  
**Transaction ID : SA11A.550775**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**C. DUNBAR, HENRY, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 270.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA11A.550823**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**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 14 OF 42  
(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**

**A. ELLISON, MAURINE, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 IDLEWILD DR.  
 City ASPERMONT State TX Zip Code 79502-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551091**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. ERICE, MICHAEL, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2756 HYSON LN.  
 City FALLS CHURCH State VA Zip Code 22043-3522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 527.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.550990**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. EVANS, EVAN, WILSON, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 631A CESSNA AVE.  
 City FRIDAY HARBOR State WA Zip Code 98250-9145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 607.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551133**  
 Amount of Each Receipt this Period 104.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 179.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. EVANS, EVAN, WILSON, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 631A CESSNA AVE.  
 City FRIDAY HARBOR State WA Zip Code 98250-9145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 607.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.551765**  
 Amount of Each Receipt this Period 104.00  
 Memo Item  
 CONTRIBUTION

**B. FENDER, BILLIE, A., MS., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10676 US HIGHWAY 129  
 City LIVE OAK State FL Zip Code 32060-6747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA11A.550907**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION

**C. FENDER, BILLIE, A., MS., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10676 US HIGHWAY 129  
 City LIVE OAK State FL Zip Code 32060-6747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551148**  
 Amount of Each Receipt this Period 65.00  
 Memo Item  
 CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 209.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

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

FOR LINE NUMBER: PAGE 16 OF 42  
(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**

**A. GARDINER, ROBERT, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 265  
 City FAR HILLS State NJ Zip Code 07931-0265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.551635**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. GARDNER, BETTY, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.551545**  
 Amount of Each Receipt this Period 210.00  
 Memo Item CONTRIBUTION

**C. GRAHAM, FLORA, E., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16325 17TH AVE. SE  
 City MILL CREEK State WA Zip Code 98012-8064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551140**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 735.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

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

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. GUARISCO, FRANK, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 579  
 City PATTERSON State LA Zip Code 70392-0579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FRANK'S AGENCY, INC. Occupation (for Individual) INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551026**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. GURATH, DANIEL, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N5609 VALLEY CREEK RD.  
 City FOND DU LAC State WI Zip Code 54937-9610  
 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 10 / 11 / 2016  
**Transaction ID : SA11A.551047**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**C. GUTMAN, HARRIET, H., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 684 DEAUVILLE LN.  
 City BLOOMFIELD HILLS State MI Zip Code 48304-1450  
 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 ▼ 240.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551238**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 42                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. HAMMER, EDWARD, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2816 FLORIDA AVE.  
City ERIE State PA Zip Code 16504-1118  
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 ▼ 220.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.551815**  
Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**B. HAMMER, EDWARD, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2816 FLORIDA AVE.  
City ERIE State PA Zip Code 16504-1118  
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 ▼ 220.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA11A.551855**  
Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**C. HARBS, CHARLOTTE, H., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6486 82ND PL.  
City MIDDLE VILLAGE State NY Zip Code 11379-2341  
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 10 / 11 / 2016  
**Transaction ID : SA11A.551096**  
Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**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 19 OF 42                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. HAYDEN, AGNES, R., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 929 PENINSULA DR

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>TRAVERSE CITY | State<br>MI | Zip Code<br>49686-2743 |
|-----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>SELF EMPLOYED | Occupation (for Individual)<br>SELF EMPLOYED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 19    |   | 2016        |

**Transaction ID : SA11A.552114**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 48412 N BLACK CANYON HWY.

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>NEW RIVER | State<br>AZ | Zip Code<br>85087-6911 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 06    |   | 2016        |

**Transaction ID : SA11A.550790**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

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

Mailing Address 829 W WINNIPEG AVE.

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>SAN ANTONIO | State<br>TX | Zip Code<br>78225-1932 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BES |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 07    |   | 2016        |

**Transaction ID : SA11A.551010**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 335.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

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

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

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. HUSTON, CATHERINE, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1982 MICHIGAN AVE.

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>MARYSVILLE | State<br>MI | Zip Code<br>48040-1839 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 06    |   | 2016        |

**Transaction ID : SA11A.550803**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1596 W SOUTHFIELD CIR.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>CORDOVA | State<br>TN | Zip Code<br>38016-8799 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 11    |   | 2016        |

**Transaction ID : SA11A.551081**

Amount of Each Receipt this Period  
70.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1995 WELLPOINT CT. NE

|             |             |                        |
|-------------|-------------|------------------------|
| City<br>ADA | State<br>MI | Zip Code<br>49301-8520 |
|-------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2016        |

**Transaction ID : SA11A.551676**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 340.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 21 OF 42   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. LEMKE, AL, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70987 AVENUE 345

|             |             |                        |
|-------------|-------------|------------------------|
| City<br>MAX | State<br>NE | Zip Code<br>69037-4401 |
|-------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016  
**Transaction ID : SA11A.551800**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. LEVNO, SELMA, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 7TH AVE. SW

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>SIDNEY | State<br>MT | Zip Code<br>59270-3816 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016  
**Transaction ID : SA11A.550836**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

**C. LEVNO, SELMA, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 7TH AVE. SW

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>SIDNEY | State<br>MT | Zip Code<br>59270-3816 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
282.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA11A.551150**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 140.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 42                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. LEVNO, SELMA, M., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 7TH AVE. SW  
 City SIDNEY State MT Zip Code 59270-3816  
 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 ▼ 282.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.551772**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. LEWIS, VERNON, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 440.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA11A.551529**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. LOCKE, LOUISE, G., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 415.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA11A.551352**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

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

FOR LINE NUMBER: PAGE 23 OF 42  
(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**

**A. MAGNUSON, MAMIE, D., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 643 S 87TH WAY  
 City MESA State AZ Zip Code 85208-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.551773**  
 Amount of Each Receipt this Period 60.00  
 Memo Item CONTRIBUTION

**B. MARX, RICHARD, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551045**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. MCCARTHY, NOVELLA, A., MISS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1503 KATHY WAY  
 City LINCOLN State CA Zip Code 95648-1517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.552137**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 335.00  
**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 24 OF 42  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. MCDANOLDS, RICHARD, G., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 275

City NORTH HAVERHILL State NH Zip Code 03774-0275

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 ▼ 287.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.550997**

Amount of Each Receipt this Period 52.00

Memo Item CONTRIBUTION

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

Mailing Address 7430 SUNSHINE SKYWAY LN. S APT. 80 APT 806

City SAINT PETERSBURG State FL Zip Code 33711-4985

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 ▼ 240.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.552138**

Amount of Each Receipt this Period 30.00

Memo Item CONTRIBUTION

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

Mailing Address 15 CRYSTAL CANYON PL.

City SPRING State TX Zip Code 77389-5310

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

Name of Employer (for Individual) CHENIERE ENERGY Occupation (for Individual) ENGINEER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551201**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 582.00

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 42                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. MURPHY, CLAIR, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1626 RUTH ST. N  
 City SAINT PAUL State MN Zip Code 55119-3064  
 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 ▼ 210.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551243**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**B. MURRAY, MARY, T., MISS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 365.16

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551040**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**C. OLAFSON, WILFRED, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7765 N SOUTHMOOR CIR.  
 City RENO State NV Zip Code 89502-9614  
 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 10 / 11 / 2016  
**Transaction ID : SA11A.551205**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.00  
**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 26 OF 42  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. OLAFSON, WILFRED, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7765 N SOUTHMOOR CIR.  
City RENO State NV Zip Code 89502-9614  
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 10 / 19 / 2016  
Transaction ID : SA11A.551979  
Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**B. OYARZO, BENJAMIN, T., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 58 MAGNOLIA DR.  
City CALISTOGA State CA Zip Code 94515-9788  
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 ▼ 215.00

Date of Receipt 10 / 05 / 2016  
Transaction ID : SA11A.550938  
Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**C. PALMER, EDITH, P., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 282 LAROE RD.  
City CHESTER State NY Zip Code 10918-2435  
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 ▼ 2000.00

Date of Receipt 10 / 19 / 2016  
Transaction ID : SA11A.552072  
Amount of Each Receipt this Period 1500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1580.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 27 OF 42 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. PATTIE, E, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2404 RAYMOND PL

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>HAYMARKET | State<br>VA | Zip Code<br>20169-1541 |
|-------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 06    |   | 2016        |

**Transaction ID : SA11A.550791**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2404 RAYMOND PL

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>HAYMARKET | State<br>VA | Zip Code<br>20169-1541 |
|-------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 18    |   | 2016        |

**Transaction ID : SA11A.551856**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3125 ZION LN.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>EL PASO | State<br>TX | Zip Code<br>79904-3531 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 11    |   | 2016        |

**Transaction ID : SA11A.551060**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

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

FOR LINE NUMBER: PAGE 28 OF 42  
(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**

**A. PULLIN, ANNA, L., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 CRAIG DR.  
 City STAUNTON State VA Zip Code 24401-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.552099**  
 Amount of Each Receipt this Period 70.00  
 Memo Item CONTRIBUTION

**B. PUTZAN, CONRAD, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 316 MONCEAUX RD.  
 City WEST PALM BEACH State FL Zip Code 33405-1667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551180**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. RODGERS, JAMES, W., MR., WWII VET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6600 CHERRY HILL RD.  
 City BALDWIN State MD Zip Code 21013-9347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551187**  
 Amount of Each Receipt this Period 37.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207.00  
**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 42  
(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**

**A. RODGERS, JAMES, W., MR., WWII VET**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6600 CHERRY HILL RD.  
 City BALDWIN State MD Zip Code 21013-9347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.551986**  
 Amount of Each Receipt this Period 37.00  
 Memo Item  
 CONTRIBUTION

**B. SALIM, MARTHA, J., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.551562**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. SCHAFFER, SHIRLEY, A., MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1611 PARK AVE. APT. 125 APT. 125  
 City QUAKERTOWN State PA Zip Code 18951-1036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.16

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.551776**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 197.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 30 OF 42   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. SCHLEICH, DOROTHY, M., MRS., TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 E WALNUT ST.  
APT 121

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>CANTON | State<br>IL | Zip Code<br>61520-2701 |
|----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2016

**Transaction ID : SA11A.551888**

Amount of Each Receipt this Period  
67.00

Memo Item  
CONTRIBUTION

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

Mailing Address 5132 BRENTWOOD FARM DR.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>FAIRFAX | State<br>VA | Zip Code<br>22030-6237 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016

**Transaction ID : SA11A.551006**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3510 REMCO ST.

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>CASTRO VALLEY | State<br>CA | Zip Code<br>94546-1148 |
|-----------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>INFORMATION REQUESTED PER BEST EFFORTS | Occupation (for Individual)<br>INFORMATION REQUESTED PER BE |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
815.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

**Transaction ID : SA11A.551261**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 367.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 42                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. STROHMEYER, NEAL, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 PINE HILL RD.  
 City TUXEDO PARK State NY Zip Code 10987-4221  
 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 10 / 13 / 2016  
**Transaction ID : SA11A.551386**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**B. SURGEON, DONALD, KEARN, MR., USN RET.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 363  
 City JERSEYVILLE State IL Zip Code 62052-0363  
 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 10 / 13 / 2016  
**Transaction ID : SA11A.551349**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. SURGEON, DONALD, KEARN, MR., USN RET.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 363  
 City JERSEYVILLE State IL Zip Code 62052-0363  
 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 10 / 18 / 2016  
**Transaction ID : SA11A.551886**  
 Amount of Each Receipt this Period 100.00  
 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: (check only one)       | PAGE 32 OF 42                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. TANNER, RAY, U., MR., RET.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 WHITSITT PARK  
 City JACKSON State TN Zip Code 38301-3466  
 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 10 / 18 / 2016  
**Transaction ID : SA11A.551934**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. TRITES, CHESTER, W., MR., TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 396  
 City PELICAN RAPIDS State MN Zip Code 56572-0396  
 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 ▼ 366.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551082**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. TRITES, CHESTER, W., MR., TTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 396  
 City PELICAN RAPIDS State MN Zip Code 56572-0396  
 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 ▼ 366.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA11A.551863**  
 Amount of Each Receipt this Period 52.00  
 Memo Item CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 202.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 OF 42                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. UTLEY, JOHN, W., MR., USA RET.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2204 NW 118TH ST.

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>OKLAHOMA CITY | State<br>OK | Zip Code<br>73120-7806 |
|-----------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2016        |

**Transaction ID : SA11A.551689**

Amount of Each Receipt this Period  
45.00

Memo Item CONTRIBUTION

**B. VON STEEN, JOAN, G., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 625 S ARBOR LN. APT. 343  
APT 343

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>MERIDIAN | State<br>ID | Zip Code<br>83642-3057 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2016        |

**Transaction ID : SA11A.551787**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address 55 DINSMORE AVE. APT. 608

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>FRAMINGHAM | State<br>MA | Zip Code<br>01702-6028 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
212.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 17    |   | 2016        |

**Transaction ID : SA11A.551754**

Amount of Each Receipt this Period  
80.00

Memo Item CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 175.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 OF 42                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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**

**A. WORLEY, MEAD, M., MR., USAF RET.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15465 N COUNTY ROAD 349  
 City LIVE OAK State FL Zip Code 32060-6573  
 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 ▼ 215.48

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.552006**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. YOUNGMAN, SANUEL, A., DR., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5350 CALLE REAL APT. 1C APT 1C  
 City SANTA BARBARA State CA Zip Code 93111-1698  
 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 10 / 12 / 2016  
**Transaction ID : SA11A.551304**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. ZILLER, ERICH, , MR., RET.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 W TAPAWINGO RD.  
 City MISHICOT State WI Zip Code 54228-9720  
 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 ▼ 225.16

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.551020**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 170.00  
**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 42  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/>                | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ZILLER, ERICH, , MR., RET.

Mailing Address 224 W TAPAWINGO RD.

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>MISHICOT | State<br>WI | Zip Code<br>54228-9720 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.16

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 18  |   | 2016    |

**Transaction ID : SA11A.551938**

Amount of Each Receipt this Period  
45.00

Memo Item  
CONTRIBUTION

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 45.00    |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 10023.00 |

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

|   |                              |                                   |  |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 36 OF 42                          |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. ACTIVE ENGAGEMENT LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
29641.96

Date of Receipt  
10 / 18 / 2016  
**Transaction ID : SA17.93280**

Amount of Each Receipt this Period  
4400.00

Memo Item  
CAREY ACCOUNT - LIST RENTAL INCOME

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

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 ▼  
23089.28

Date of Receipt  
10 / 12 / 2016  
**Transaction ID : SA17.93279**

Amount of Each Receipt this Period  
1962.07

Memo Item  
CAREY ACCOUNT - LIST RENTAL INCOME

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

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 ▼  
23089.28

Date of Receipt  
10 / 17 / 2016  
**Transaction ID : SA17.93291**

Amount of Each Receipt this Period  
160.59

Memo Item  
LIST RENTAL INCOME

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6522.66

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

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

|   |                              |                                   |  |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 37 OF 42                          |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. NOVA LIST COMPANY**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
23089.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA17.93292**

Amount of Each Receipt this Period  
27.56

Memo Item  
LIST RENTAL INCOME

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 27.56   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 6550.22 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN CAGING, INC.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 06    |   | 2016      |

Mailing Address 4850 WRIGHT ROAD  
SUITE 168

City STAFFORD State TX Zip Code 77477

Purpose of Disbursement  
CAGING AND ESCROW

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9329  
Amount of Each Disbursement this Period

[REDACTED] 3417.04

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. ELAVON INC.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 03    |   | 2016      |

Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
CAGING AND PAYMENT PROCESSING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9329  
Amount of Each Disbursement this Period

[REDACTED] 299.15

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. IMAGE DIRECT LLC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 06    |   | 2016      |

Mailing Address 200 MONROE AVENUE  
BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement  
PRINTING AND MAILSHOP

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9329  
Amount of Each Disbursement this Period

[REDACTED] 1245.92

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 4962.11

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

**A. IMAGE DIRECT LLC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 06    |   | 2016      |

Mailing Address 200 MONROE AVENUE  
BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement SHIPPING EXPENSE

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I93301  
Amount of Each Disbursement this Period

[REDACTED] 4.55

Candidate Name

Category/Type

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

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 |
| 10    |   | 06    |   | 2016      |

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement SERVICE FEES - POSTAGE

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I93301  
Amount of Each Disbursement this Period

[REDACTED] 100.07

Candidate Name

Category/Type

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

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 |
| 10    |   | 06    |   | 2016      |

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement POSTAGE & DELIVERY

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I93301  
Amount of Each Disbursement this Period

[REDACTED] 6671.23

Candidate Name

Category/Type

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

Memo Item

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

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

[REDACTED] 6775.85

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Special Operations Speaks PAC - SOS PAC**

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 06 |   |   | 2016 |   |   |   |

Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
SHIPPING EXPENSE

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I9330:**  
Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

**B. PROLIST DATA AND MAIL**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 13 |   |   | 2016 |   |   |   |

Mailing Address 4510 BUCKEYSTOWN PIKE  
STE M

City FREDERICK State MD Zip Code 21704

Purpose of Disbursement  
PRINTING AND MAILSHOP

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I9330:**  
Amount of Each Disbursement this Period

[REDACTED] 750.00

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

**C. PROLIST DATA AND MAIL**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 13 |   |   | 2016 |   |   |   |

Mailing Address 4510 BUCKEYSTOWN PIKE  
STE M

City FREDERICK State MD Zip Code 21704

Purpose of Disbursement  
SHIPPING EXPENSE

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I9330:**  
Amount of Each Disbursement this Period

[REDACTED] 28.31

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

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

[REDACTED] 798.31

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

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. UNITED STATES POSTAL SERVICE**

Full Name (Last, First, Middle Initial)

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE & DELIVERY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I9330

Amount of Each Disbursement this Period: 20.66

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 20.66    |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 12556.93 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Special Operations Speaks PAC - SOS PAC**

**A. AUTHORIZE.NET**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement CAREY ACCOUNT - CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB29.I93296

Amount of Each Disbursement this Period: 37.90

Memo Item

**B. DB CAPITOL STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 203 SOUTH UNION ST SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement CAREY ACCOUNT - REIMBURSEMENT; SEE BELOW

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB29.I93295

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement CAREY ACCOUNT - COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB29.I93329

Amount of Each Disbursement this Period: 500.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 537.90 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 537.90 |