

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

JACK ORSWELL FOR CONGRESS

ADDRESS (number and street) 316 W FOOTHILL BLVD

Check if different than previously reported. (ACC)

MONROVIA CA 91016

2. **FEC IDENTIFICATION NUMBER** ▼ C C00553941

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

CA 27

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2016 through M M / D D / Y Y Y Y 03 / 31 / 2016

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

Type or Print Name of Treasurer Mr. Thomas E Montgomery III

Signature of Treasurer Mr. Thomas E Montgomery III [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 10 / 2016

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

Office Use Only										
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
JACK ORSWELL FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="26968.00"/>	<input type="text" value="117376.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="26968.00"/>	<input type="text" value="117376.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="13781.74"/>	<input type="text" value="50544.20"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="13781.74"/>	<input type="text" value="50544.20"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="108928.73"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="20000.00"/>	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JACK ORSWELL FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21950.00	108300.00
(ii) Unitemized.....	5018.00	9076.00
(iii) TOTAL of contributions from individuals ▶	26968.00	117376.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26968.00	117376.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10000.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	20000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	1565.38
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	36968.00	138941.38

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13781.74	50544.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13781.74	60544.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	85742.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36968.00
25. SUBTOTAL (add Line 23 and Line 24).....	122710.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13781.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	108928.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Roslyn Beecher

Mailing Address 470 W Highland Ave

City: Sierra Madre State: CA Zip Code: 91024

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 18 / 2016

Transaction ID : SA11AI.5762

Amount of Each Receipt this Period: 500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Norman T Booth Jr.

Mailing Address 1589 N. Grand Oaks Ave

City: Pasadena State: CA Zip Code: 91104

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

Name of Employer: N/A Occupation: Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 11 / 2016

Transaction ID : SA11AI.5685

Amount of Each Receipt this Period: 500.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Deborah Cavanaugh

Mailing Address 5334 Mountain Springs Ranch Rd

City: La Verne State: CA Zip Code: 91750

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

Name of Employer: Homemaker Occupation: N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 15 / 2016

Transaction ID : SA11AI.5732

Amount of Each Receipt this Period: 500.00

Memo Item Contribution

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gerard Current

Mailing Address 295 Palmetto Dr

City Pasadena State CA Zip Code 91105

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

Name of Employer John Aaroe Group Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.5766

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Bruce G Davis

Mailing Address 7020 La Presa Dr.

City San Gabriel State CA Zip Code 91775

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11AI.5706

Amount of Each Receipt this Period
2700.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
John Dewitt

Mailing Address 1410 Oak Meadow Rd

City Arcadia State CA Zip Code 91006

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : SA11AI.5695

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Marilyn Diaz

Mailing Address 370 Toyon Rd

City Sierra Madre State CA Zip Code 91024

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : SA11AI.5788

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Daniel Doonan

Mailing Address 178 Catherine Park Dr.

City Glendora State CA Zip Code 91741

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : SA11AI.5792

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
James Ellis

Mailing Address 1435 Circle Dr.

City San Marino State CA Zip Code 91108

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

Name of Employer USC Occupation Dean

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11AI.5714

Amount of Each Receipt this Period
2500.00

Memo Item Contribution

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Gee

Mailing Address 2057 Durango Dr

City Monterey Park State CA Zip Code 91754

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.5763

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
William Gin

Mailing Address 1930 Cerco Alta Dr

City Monterey Park State CA Zip Code 91754

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 26 / 2016

Transaction ID : SA11AI.5671

Amount of Each Receipt this Period
500.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Betty Gobrecht

Mailing Address 3575 Newhaven Rd.

City Pasadena State CA Zip Code 91107

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : SA11AI.5688

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joanne Hawkins

Mailing Address 1145 Drake Rd.

City Arcadia State CA Zip Code 91007

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 26 / 2016

Transaction ID : SA11AI.5666

Amount of Each Receipt this Period
250.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Frederick Hitchcock

Mailing Address 9101 Alta Dr #1702

City Las Vegas State NV Zip Code 89145

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

Name of Employer Hitchcock Automotive Resources Occupation Auto Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : SA11AI.5739

Amount of Each Receipt this Period
2700.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Phillip Holman

Mailing Address 316 W. Foothill Blvd

City Monrovia State CA Zip Code 91016

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

Name of Employer None Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rich & Carolyn Hubinger

Mailing Address 501 E Norman Ave

City Arcadia State CA Zip Code 91006

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

Name of Employer Retired Occupation Building Official

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 06 / 2016

Transaction ID : SA11AI.5624

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Charles T Munger Jr.

Mailing Address 1423 Hamilton Ave

City Palo Alto State CA Zip Code 94301

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

Name of Employer None Occupation Physicist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.5770

Amount of Each Receipt this Period
2500.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
John Naye

Mailing Address 1254 Grove St.

City Pasadena State CA Zip Code 91108

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : SA11AI.5731

Amount of Each Receipt this Period
500.00

Memo Item Contribution

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Redford		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 1560 Granada Ave		Transaction ID : SA11AI.5775	
City San Marino State CA Zip Code 91108	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Contribution		
Name of Employer Retired Occupation Retired	Election Cycle-to-Date _____ 500.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Mark Segal		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 20 / 2016	
Mailing Address 1135 Fallen Leaf Rd.		Transaction ID : SA11AI.5734	
City Arcadia State CA Zip Code 91006	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Contribution		
Name of Employer N/A Occupation Retired	Election Cycle-to-Date _____ 500.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Dennis Slattery		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2016	
Mailing Address 920 Oxford Rd.		Transaction ID : SA11AI.5681	
City San Marino State CA Zip Code 91108	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Contribution		
Name of Employer Gamble Jones Investment Course Occupation Investment Advisor	Election Cycle-to-Date _____ 500.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms Georgene L Smith

Mailing Address 1470 Lomita Dr.

City Pasadena State CA Zip Code 91106

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

Name of Employer N/A Occupation Housewife

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11AI.5723

Amount of Each Receipt this Period
2000.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Richard Van Kirk

Mailing Address 1550 Rodeo Rd

City Arcadia State CA Zip Code 91006

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11AI.5787

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

2250.00

21950.00

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

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

FOR LINE NUMBER: PAGE 13 OF 24
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. JACK E ORSWELL

Mailing Address 1161 VOLANTE DRIVE

City ARCADIA State CA Zip Code 91007

FEC ID number of contributing federal political committee. **C H2CA27198**

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA13A.5776

Amount of Each Receipt this Period
 _____ 10000.00

Memo Item
 Loan from candidate

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

_____ 10000.00

_____ 10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bob Booker Consulting		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 2347 Daybreak Dr		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City La Verne	State CA	
Zip Code 91750	Purpose of Disbursement Campaign Consulting	Transaction ID : SB17.5628
Candidate Name JACK ORSWELL FOR CONGRESS	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

Full Name (Last, First, Middle Initial) B. Robert Booker		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 2347 Daybreak Dr		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City La Verne	State CA	
Zip Code 91750	Purpose of Disbursement Fundraising consulting	Transaction ID : SB17.5757
Candidate Name JACK ORSWELL FOR CONGRESS	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

Full Name (Last, First, Middle Initial) c. California Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 1500 11th St., Room 495		Amount of Each Disbursement this Period 1740.00 <input type="checkbox"/> Memo Item
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Ballot Fee	Transaction ID : SB17.5755
Candidate Name JACK ORSWELL FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

SUBTOTAL of Disbursements This Page (optional).....	5740.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 40.00
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Web advertising	<input type="checkbox"/> Memo Item
Candidate Name JACK ORSWELL FOR CONGRESS	Category/ Type 003	Transaction ID : SB17.5634
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 27	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 37.91
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Web Advertising	<input type="checkbox"/> Memo Item
Candidate Name JACK ORSWELL FOR CONGRESS	Category/ Type 004	Transaction ID : SB17.5783
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 27	

Full Name (Last, First, Middle Initial) c. Kelly Paper		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 56 Waverly Dr.		Amount of Each Disbursement this Period 88.68
City Pasadena	State CA	
Zip Code 91105	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name JACK ORSWELL FOR CONGRESS	Category/ Type 001	Transaction ID : SB17.5632
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 27	

SUBTOTAL of Disbursements This Page (optional).....	166.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kelly Paper		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 56 Waverly Dr.		Amount of Each Disbursement this Period 104.78 <input type="checkbox"/> Memo Item Transaction ID : SB17.5748
City Pasadena State CA Zip Code 91105	Purpose of Disbursement Stationary 001 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

Full Name (Last, First, Middle Initial) B. Kelly Paper		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 56 Waverly Dr.		Amount of Each Disbursement this Period 57.98 <input type="checkbox"/> Memo Item Transaction ID : SB17.5779
City Pasadena State CA Zip Code 91105	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

Full Name (Last, First, Middle Initial) c. Los Angeles County ROV		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 7807 Compton Ave		Amount of Each Disbursement this Period 5200.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5752
City Los Angeles State CA Zip Code 90001	Purpose of Disbursement Ballot Statement 001 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

SUBTOTAL of Disbursements This Page (optional).....	5362.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Los Angeles County ROV		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 7807 Compton Ave		Amount of Each Disbursement this Period 54.00 <input type="checkbox"/> Memo Item
City Los Angeles State CA Zip Code 90001	Purpose of Disbursement Voter Data File 001 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5753
State: CA District: 27		

Full Name (Last, First, Middle Initial) B. Los Angeles County ROV		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 7807 Compton Ave		Amount of Each Disbursement this Period 691.00 <input type="checkbox"/> Memo Item
City Los Angeles State CA Zip Code 90001	Purpose of Disbursement Ballot Statement 001 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5756
State: CA District: 27		

Full Name (Last, First, Middle Initial) c. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 52.00 <input type="checkbox"/> Memo Item
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement Website hosting 004 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5745
State: CA District: 27		

SUBTOTAL of Disbursements This Page (optional).....	797.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 43.00
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement Website	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name JACK ORSWELL FOR CONGRESS		Transaction ID : SB17.5633
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

Full Name (Last, First, Middle Initial) B. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 52.00
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement Web Hosting	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name JACK ORSWELL FOR CONGRESS		Transaction ID : SB17.5781
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

Full Name (Last, First, Middle Initial) c. PayPal		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 2111 N. First St.		Amount of Each Disbursement this Period 14.80
City San Jose	State CA Zip Code 95131	
Purpose of Disbursement Credit Card Processing	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name JACK ORSWELL FOR CONGRESS		Transaction ID : SB17.5626
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

SUBTOTAL of Disbursements This Page (optional).....	109.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PayPal		Date of Disbursement
Mailing Address 2111 N. First St.		M M / D D / Y Y Y Y 01 / 19 / 2016
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing	Amount of Each Disbursement this Period
Candidate Name JACK ORSWELL FOR CONGRESS	Category/Type 001	29.60
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: CA District: 27		Transaction ID : SB17.5726

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement
Mailing Address 2111 N. First St.		M M / D D / Y Y Y Y 01 / 26 / 2016
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing	Amount of Each Disbursement this Period
Candidate Name JACK ORSWELL FOR CONGRESS	Category/Type 001	24.30
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: CA District: 27		Transaction ID : SB17.5727

Full Name (Last, First, Middle Initial) C. PayPal		Date of Disbursement
Mailing Address 2111 N. First St.		M M / D D / Y Y Y Y 02 / 11 / 2016
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing	Amount of Each Disbursement this Period
Candidate Name JACK ORSWELL FOR CONGRESS	Category/Type 001	4.38
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: CA District: 27		Transaction ID : SB17.5728

SUBTOTAL of Disbursements This Page (optional).....	58.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PayPal		Date of Disbursement
Mailing Address 2111 N. First St.		M M / D D / Y Y Y Y 02 / 22 / 2016
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing	Amount of Each Disbursement this Period 78.60
Candidate Name JACK ORSWELL FOR CONGRESS		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5729
State: CA District: 27	Category/Type 001	

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement
Mailing Address 2111 N. First St.		M M / D D / Y Y Y Y 02 / 29 / 2016
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing	Amount of Each Disbursement this Period 5.15
Candidate Name JACK ORSWELL FOR CONGRESS		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5730
State: CA District: 27	Category/Type 001	

Full Name (Last, First, Middle Initial) C. PayPal		Date of Disbursement
Mailing Address 2111 N. First St.		M M / D D / Y Y Y Y 03 / 15 / 2016
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing	Amount of Each Disbursement this Period 14.15
Candidate Name JACK ORSWELL FOR CONGRESS		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5790
State: CA District: 27	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	97.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PayPal		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address 2111 N. First St.		Amount of Each Disbursement this Period 40.30 <input type="checkbox"/> Memo Item
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing 001 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS		Transaction ID : SB17.5791
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Political Visions		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 1912 Grand Ave		Amount of Each Disbursement this Period 900.00 <input type="checkbox"/> Memo Item
City San Rafael State CA Zip Code 94901	Purpose of Disbursement Bookkeeping 001 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS		Transaction ID : SB17.5608
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 01 / 02 / 2016
Mailing Address 41 Wheeler Ave		Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Memo Item
City Arcadia State CA Zip Code 91006	Purpose of Disbursement Postage 004 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS		Transaction ID : SB17.5744
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1038.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 41 Wheeler Ave		M M / D D / Y Y Y Y 01 / 07 / 2016
City Arcadia	State CA	Zip Code 91006
Purpose of Disbursement Postage	Category/ Type 003	Amount of Each Disbursement this Period 147.00
Candidate Name JACK ORSWELL FOR CONGRESS		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5747
State: CA	District: 27	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 41 Wheeler Ave		M M / D D / Y Y Y Y 03 / 20 / 2016
City Arcadia	State CA	Zip Code 91006
Purpose of Disbursement Posyage	Category/ Type 001	Amount of Each Disbursement this Period 147.00
Candidate Name JACK ORSWELL FOR CONGRESS		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5782
State: CA	District: 27	

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

SUBTOTAL of Disbursements This Page (optional).....	294.00
TOTAL This Period (last page this line number only).....	13664.63

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5421

JACK ORSWELL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Mr. JACK E ORSWELL

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
1161 VOLANTE DRIVE

City State ZIP Code
ARCADIA CA 91007

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JACK ORSWELL FOR CONGRESS** Transaction ID : **SC/10.5776**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Mr. JACK E ORSWELL

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 1161 VOLANTE DRIVE

City State ZIP Code
 ARCADIA CA 91007

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

TERMS

Date Incurred: M 03 / D 31 / Y 2016
 Date Due: M / D / Y 6/8/2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	20000.00

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