

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Special Operations Speaks PAC - SOS PAC

ADDRESS (number and street)

103 Pamlico Place

Check if different
than previously
reported. (ACC)

Chocowinity

NC

27817

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00524280

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

[]

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

[]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Backer, Dan, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Backer, Dan, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Special Operations Speaks PAC - SOS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		35706.58
(b) Cash on Hand at Beginning of Reporting Period.....	1603.04	
(c) Total Receipts (from Line 19)	121719.93	454086.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	123322.97	489793.55
7. Total Disbursements (from Line 31).....	110904.59	477375.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12418.38	12418.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Special Operations Speaks PAC - SOS PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 / 01 / 2016

To:

M M / D D / Y Y Y Y
09 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20278.00

45748.16

(ii) Unitemized

86834.43

354627.92

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

107112.43

400376.08

(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)

107112.43

400376.08

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).....

180.85

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.).....

14426.65

53411.04

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))

121719.93

454086.97

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

121719.93

454086.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	110844.59	421295.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	110844.59	421295.71
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	60.00	515.00
(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)).....	60.00	515.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	55544.46
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	110904.59	477375.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110904.59	477375.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	107112.43	400376.08
34. Total Contribution Refunds (from Line 28(d))	60.00	515.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	107052.43	399861.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	110844.59	421295.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	180.85	299.85
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	110663.74	420995.86

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

This report amended to reflect changes to prior reports.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. ALLMON, JACK, L., MR., USAF RET.

Mailing Address 175 COUNTY ROAD 4190

City
SALEMState
MOZip Code
65560-8286FEC 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 ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373883

Amount of Each Receipt this Period

52.00

☐ Memo Item
CONTRIBUTION

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

B. ALLMON, JACK, L., MR., USAF RET.

Mailing Address 175 COUNTY ROAD 4190

City
SALEMState
MOZip Code
65560-8286FEC 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 ▼

363.00

Date of Receipt

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

Transaction ID : SA11A.422286

Amount of Each Receipt this Period

52.00

☐ Memo Item
CONTRIBUTION

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

C. ALLMON, JACK, L., MR., USAF RET.

Mailing Address 175 COUNTY ROAD 4190

City
SALEMState
MOZip Code
65560-8286FEC 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 ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445969

Amount of Each Receipt this Period

52.00

☐ Memo Item
CONTRIBUTION

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

156.00

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 8 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. ALLMON, JACK, L., MR., USAF RET.

Mailing Address 175 COUNTY ROAD 4190

City
SALEMState
MOZip Code
65560-8286FEC 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 ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11A.496863

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

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

B. ANDERSON, RICHARD, C., MR., SR.

Mailing Address 7269 SAND HILL RD.

City
AKRONState
NYZip Code
14001-9738FEC 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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373857

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. ANDERSON, RICHARD, C., MR., SR.

Mailing Address 7269 SAND HILL RD.

City
AKRONState
NYZip Code
14001-9738FEC 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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373899

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

175.00

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 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. ANDERSON, RICHARD, C., MR., SR.

Mailing Address 7269 SAND HILL RD.

City
AKRONState
NYZip Code
14001-9738FEC 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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11A.446335

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

Mailing Address 4280 SUN VALLEY BLVD.
4280 SUN VALLEY BLVDCity
EAST POINTState
GAZip Code
30344-6548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11A.373682

Amount of Each Receipt this Period

105.00

☐ Memo Item
CONTRIBUTION

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

C. ANDERSON, WALTER, R., MR.,

Mailing Address 4280 SUN VALLEY BLVD.
4280 SUN VALLEY BLVDCity
EAST POINTState
GAZip Code
30344-6548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.422683

Amount of Each Receipt this Period

210.00

☐ Memo Item
CONTRIBUTION

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

415.00

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 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. BARKER, LAURA, E., ,

Mailing Address 1924 SE CLATTER BRIDGE RD.

City
OCALA

State
FL

Zip Code
34471-8384

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : SA11A.373337

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. BARKER, LAURA, E., ,

Mailing Address 1924 SE CLATTER BRIDGE RD.

City
OCALA

State
FL

Zip Code
34471-8384

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2016

Transaction ID : SA11A.422082

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

C. BARKER, LAURA, E., ,

Mailing Address 1924 SE CLATTER BRIDGE RD.

City
OCALA

State
FL

Zip Code
34471-8384

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11A.446337

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

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

400.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. BLACK, KATHRYN, B., MS.,

Mailing Address 365 WINDSOR DR. N

City
OXFORD

State
MS

Zip Code
38655-7092

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 ▼

225.00

Date of Receipt

08 / 29 / 2016

Transaction ID : SA11A.445979

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

B. BOUCHER, DORIS, M., MISS,

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

City
CHERRY HILL

State
NJ

Zip Code
08003-2577

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 26 / 2016

Transaction ID : SA11A.445995

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

C. BRAZEAU, PAUL, J., MR.,

Mailing Address 9 BREAKERS ISLE

City
DANA POINT

State
CA

Zip Code
92629-4214

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 01 / 2016

Transaction ID : SA11A.373494

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

450.00

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 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. BRAZEAU, PAUL, J., MR.,

Mailing Address 9 BREAKERS ISLE

City
DANA POINT

State
CA

Zip Code
92629-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : SA11A.422355

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

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

Mailing Address 104 WAYSIDE RD.

City
OAK RIDGE

State
TN

Zip Code
37830-8525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2016

Transaction ID : SA11A.475477

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. BREWER, IRIS, B., MRS.,

Mailing Address 104 WAYSIDE RD.

City
OAK RIDGE

State
TN

Zip Code
37830-8525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11A.496877

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 13 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. BRISTOR, WILLIAM, B., SGT., JR.

Mailing Address 3621 BLUE HILL CT

City
ELLICOTT CITY

State
MD

Zip Code
21042-

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2016

Transaction ID : SA11A.423077

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

B. BRISTOR, WILLIAM, B., SGT., JR.

Mailing Address 3621 BLUE HILL CT

City
ELLICOTT CITY

State
MD

Zip Code
21042-

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11A.449648

Amount of Each Receipt this Period

180.00

☐ Memo Item
CONTRIBUTION

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

C. BRISTOR, WILLIAM, B., SGT., JR.

Mailing Address 3621 BLUE HILL CT

City
ELLICOTT CITY

State
MD

Zip Code
21042-

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11A.490921

Amount of Each Receipt this Period

180.00

☐ Memo Item
CONTRIBUTION

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

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

420.00

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 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. BROWN, MABEL, W., MS.,

Mailing Address 115 N STATE ST.

City
GENESEO

State
IL

Zip Code
61254-1345

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 ▼

312.00

Date of Receipt

08 / 05 / 2016

Transaction ID : SA11A.422190

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

B. BROWN, MABEL, W., MS.,

Mailing Address 115 N STATE ST.

City
GENESEO

State
IL

Zip Code
61254-1345

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 ▼

312.00

Date of Receipt

08 / 30 / 2016

Transaction ID : SA11A.446076

Amount of Each Receipt this Period

112.00

☐ Memo Item
CONTRIBUTION

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

C. BUCHANAN, ROBERT, D., DR.,

Mailing Address 4751 EAGLERIDGE CIR.
APT 108

City
PUEBLO

State
CO

Zip Code
81008-2123

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

08 / 29 / 2016

Transaction ID : SA11A.445957

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

362.00

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

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

FOR LINE NUMBER: PAGE 15 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. BUCHANAN, ROBERT, D., DR.,

Mailing Address 4751 EAGLERIDGE CIR.
APT 108

City
PUEBLO

State
CO

Zip Code
81008-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : SA11A.490899

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

B. BUZBEE, JACK, A., MR.,

Mailing Address 200 E DOUGLAS ST

City

DE SOTO

State

IL

Zip Code

62924-1512

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11A.373679

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

C. BUZBEE, JACK, A., MR.,

Mailing Address 200 E DOUGLAS ST

City

DE SOTO

State

IL

Zip Code

62924-1512

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11A.483219

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

200.00

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 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. CAVENDER, ANN, E., MS.,

Mailing Address 1242 CROWN RIDGE DR.

City
PRESCOTTState
AZZip Code
86301-6556FEC 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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : SA11A.374244

Amount of Each Receipt this Period

375.00

☐ Memo Item
CONTRIBUTION

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

B. CAVENDER, ANN, E., MS.,

Mailing Address 1242 CROWN RIDGE DR.

City
PRESCOTTState
AZZip Code
86301-6556FEC 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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2016

Transaction ID : SA11A.422083

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

Mailing Address 1242 CROWN RIDGE DR.

City
PRESCOTTState
AZZip Code
86301-6556FEC 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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : SA11A.445996

Amount of Each Receipt this Period

375.00

☐ Memo Item
CONTRIBUTION

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

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

1000.00

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 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. COBB, ELEANOR, L., MRS., TTEE

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2016

Transaction ID : SA11A.422080

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. COBB, ELEANOR, L., MRS., TTEE

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : SA11A.490902

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

C. COLE, ALLAN, C., MR.,

Mailing Address 4561 WESTCHESTER LN.

City
PADUCAH

State
KY

Zip Code
42003-8832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373897

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. COLE, JAMES, C., MR.,

Mailing Address 14905 CORDELL AVE.

City
WOODBIDGE

State
VA

Zip Code
22193-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID : SA11A.373521

Amount of Each Receipt this Period

105.00

☐ Memo Item
CONTRIBUTION

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

B. COSBY, PATRICIA, ELIZABETH, MRS.,

Mailing Address 18168 DOGWOOD TRAIL RD.

City
ROCKVILLE

State
VA

Zip Code
23146-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11A.446338

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

C. DAVIS, BRADFORD, C., MR.,

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.422665

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

355.00

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

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

FOR LINE NUMBER: PAGE 19 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. DAVIS, BRADFORD, C., MR.,

Mailing Address 3612 HUNTER RD.

City
KERSHAWState
SCZip Code
29067-8734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2016

Transaction ID : SA11A.483059

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

B. DAVIS, REVE, R., ,

Mailing Address 7306 N TROOST AVE.

City
GLADSTONEState
MOZip Code
64118-2153FEC 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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : SA11A.373905

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

C. DAVIS, REVE, R., ,

Mailing Address 7306 N TROOST AVE.

City
GLADSTONEState
MOZip Code
64118-2153FEC 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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 03 / 2016

Transaction ID : SA11A.422111

Amount of Each Receipt this Period

75.00

☐ Memo Item
 CONTRIBUTION

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

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

225.00

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

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

FOR LINE NUMBER: PAGE 20 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

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

Mailing Address 2814 BIRDSEYE LN.

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

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11A.483313

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. DOTSON, GERALD, L., MR.,

Mailing Address PO BOX 306

City
YACHATSState
ORZip Code
97498-0306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373866

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. DOTSON, GERALD, L., MR.,

Mailing Address PO BOX 306

City
YACHATSState
ORZip Code
97498-0306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445959

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 21 OF 86

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. DOTSON, GERALD, L., MR.,

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 ▼

225.00

Date of Receipt

09 / 21 / 2016

Transaction ID : SA11A.475481

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

B. EASTMAN, EDWARD, M., MR.,

Mailing Address 873 W TARPON BLVD NW

City

PT CHARLOTTE

State

FL

Zip Code

33952-4164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 13 / 2016

Transaction ID : SA11A.373904

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. EASTMAN, EDWARD, M., MR.,

Mailing Address 873 W TARPON BLVD NW

City

PT CHARLOTTE

State

FL

Zip Code

33952-4164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11A.483314

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

275.00

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

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

FOR LINE NUMBER: PAGE 22 OF 86
(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. EDGINGTON, CAROL, L., COL.,

Mailing Address 20 CASTLE DR.

City
KETTERING

State
OH

Zip Code
45429-1720

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11A.373988

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

B. EDGINGTON, CAROL, L., COL.,

Mailing Address 20 CASTLE DR.

City
KETTERING

State
OH

Zip Code
45429-1720

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11A.373989

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

Mailing Address 1120 E DAVIS DR.

City
TERRE HAUTE

State
IN

Zip Code
47802-4057

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445947

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

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

845.00

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

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

FOR LINE NUMBER: PAGE 23 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. ERICE, MICHAEL, A., MR.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11A.374035

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. ERICE, MICHAEL, A., MR.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11A.374036

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. ERICE, MICHAEL, A., MR.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

477.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11A.374037

Amount of Each Receipt this Period

52.00

☐ Memo Item
CONTRIBUTION

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

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

152.00

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 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. ERICE, MICHAEL, A., MR.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11A.374038

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. ERICE, MICHAEL, A., MR.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : SA11A.422228

Amount of Each Receipt this Period

105.00

☐ Memo Item
CONTRIBUTION

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

C. ERICE, MICHAEL, A., MR.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

477.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11A.449604

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

255.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. EVANS, EVAN, WILSON, MR.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

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

Transaction ID : SA11A.422281

Amount of Each Receipt this Period

104.00

☐ Memo Item
CONTRIBUTION

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

B. EVANS, EVAN, WILSON, MR.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : SA11A.446358

Amount of Each Receipt this Period

104.00

☐ Memo Item
CONTRIBUTION

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

C. FINNEGAN, EDWARD, W., MR., USNR RET.

Mailing Address 6801 DE PAUL CV.

City
AUSTIN

State
TX

Zip Code
78723-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2016

Transaction ID : SA11A.373946

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

308.00

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

PAGE 26 OF 86

<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

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

A. GUARISCO, FRANK, S., MR.,

Mailing Address P.O. BOX 579

City
PATTERSONState
LAZip Code
70392-0579FEC 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 ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
07	13	2016

Transaction ID : SA11A.373909

Amount of Each Receipt this Period

150.00

☐ Memo Item
 CONTRIBUTION

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

B. GURATH, DANIEL, D., MR.,

Mailing Address N5609 VALLEY CREEK RD.

City
FOND DU LACState
WIZip Code
54937-9610FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M	D D	Y Y Y Y
08	29	2016

Transaction ID : SA11A.445961

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

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

Mailing Address 21800 COUNTRY WOODS DR.

City
FAIRHOPEState
ALZip Code
36532-4452FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	D D	Y Y Y Y
07	08	2016

Transaction ID : SA11A.373597

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)..... ►

450.00

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

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

FOR LINE NUMBER: PAGE 27 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. HARBS, CHARLOTTE, H., MS.,

Mailing Address 64-86 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)
NOT APPLICABLE

Occupation (for Individual)
NOT APPLICABLE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11A.422144

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. HARBS, CHARLOTTE, H., MS.,

Mailing Address 64-86 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)
NOT APPLICABLE

Occupation (for Individual)
NOT APPLICABLE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445968

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. HARRISON, BETTY, P., MS.,

Mailing Address 46 VILLAGE CIR.

City
MANHATTAN BCH

State
CA

Zip Code
90266-7222

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 BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.422682

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 28 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. HARRIS, BOBBYE, F., MRS.,

Mailing Address 135 WINDSOR DR.

City
CALHOUN

State
GA

Zip Code
30701-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : SA11A.374213

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

B. HARRIS, BOBBYE, F., MRS.,

Mailing Address 135 WINDSOR DR.

City
CALHOUN

State
GA

Zip Code
30701-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11A.496878

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

C. HAYDEN, AGNES, R., MRS.,

Mailing Address 929 PENINSULA DR.

City
TRAVERSE CITY

State
MI

Zip Code
49686-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11A.374093

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 86

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

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

Mailing Address 929 PENINSULA DR.

City

TRAVERSE CITY

State

MI

Zip Code

49686-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

SELF EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2016

Transaction ID : SA11A.423061

Amount of Each Receipt this Period

225.00

☐ Memo Item
 CONTRIBUTION

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

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

Mailing Address 929 PENINSULA DR.

City

TRAVERSE CITY

State

MI

Zip Code

49686-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

SELF EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2016

Transaction ID : SA11A.496879

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CONTRIBUTION

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

C. HEANEY, LINDA, PIERCE, MS.,

Mailing Address 48412 N BLACK CANYON HWY.

City

NEW RIVER

State

AZ

Zip Code

85087-6911

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 ▼

225.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : SA11A.422213

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

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

470.00

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

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

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

FOR LINE NUMBER: PAGE 30 OF 86

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. HILLAND, NANCY, K., MS.,

Mailing Address 914 PIEDRA VISTA RD. NE

City
ALBUQUERQUE

State
NM

Zip Code
87123-1948

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373878

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. HILLAND, NANCY, K., MS.,

Mailing Address 914 PIEDRA VISTA RD. NE

City
ALBUQUERQUE

State
NM

Zip Code
87123-1948

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445980

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

C. HOFFMANN, MARK, , ,

Mailing Address 3402 CALENDAR BROOK RD.

City
SUTTON

State
VT

Zip Code
05867-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.422666

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 86
(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

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

A. JACOBSEH, BRUCE, C., MR.,

Mailing Address 1019 WALLOON CT.

City
LAKE ORIONState
MIZip Code
48360-1325FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	13	/	2016

Transaction ID : SA11A.373805

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

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

B. JACOBSEH, BRUCE, C., MR.,

Mailing Address 1019 WALLOON CT.

City
LAKE ORIONState
MIZip Code
48360-1325FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09	/	07	/	2016

Transaction ID : SA11A.446274

Amount of Each Receipt this Period

40.00

☐ Memo Item
 CONTRIBUTION

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

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

Mailing Address 2165 STOPPER DR.

City
MONTROUSVILLEState
PAZip Code
17754-9697FEC 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 ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	08	/	2016

Transaction ID : SA11A.373595

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ►

265.00

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 32 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. JONES, ROBERT, F., MR., USAF RET.

Mailing Address 650 BRIAN CIR.

City

MARY ESTHER

State

FL

Zip Code

32569-1628

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 ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373881

Amount of Each Receipt this Period

52.00

☐ Memo Item
CONTRIBUTION

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

B. KACSINTA, FERENC, , MR.,

Mailing Address 7323 CARTWRIGHT AVE.

City

SUN VALLEY

State

CA

Zip Code

91352-5107

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11A.483204

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

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

C. KECSINTA, FERENC, , MR.,

Mailing Address 7323 CARTWRIGHT AVE.

City

SUN VALLEY

State

CA

Zip Code

91352-5107

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373914

Amount of Each Receipt this Period

750.00

☐ Memo Item
CONTRIBUTION

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

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

2302.00

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

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

FOR LINE NUMBER: PAGE 33 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. KINNEY, R., F., MR., USA RET.

Mailing Address 10195 S HOUGHTON RD.
 #261

City
 TUCSON

State
 AZ

Zip Code
 85747-9317

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 ▼

337.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : SA11A.373908

Amount of Each Receipt this Period

110.00

☐ Memo Item
 CONTRIBUTION

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

B. KINNEY, R., F., MR., USA RET.

Mailing Address 10195 S HOUGHTON RD.
 #261

City
 TUCSON

State
 AZ

Zip Code
 85747-9317

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 ▼

337.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2016

Transaction ID : SA11A.422413

Amount of Each Receipt this Period

105.00

☐ Memo Item
 CONTRIBUTION

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

C. LEIK, EDWARD, J., MR.,

Mailing Address 18010 NW 15TH CT.

City
 PEMBROKE PINES

State
 FL

Zip Code
 33029-3035

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2016

Transaction ID : SA11A.422079

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

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

315.00

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

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

FOR LINE NUMBER: PAGE 34 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. LEIK, EDWARD, J., MR.,

Mailing Address 18010 NW 15TH CT.

City
PEMBROKE PINES

State
FL

Zip Code
33029-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2016

Transaction ID : SA11A.446078

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

B. LESTE, JIM, H., MR.,

Mailing Address 3437 VIA LOMA VIS

City
ESCONDIDO

State
CA

Zip Code
92029-7724

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 ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373910

Amount of Each Receipt this Period

195.00

☐ Memo Item
CONTRIBUTION

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

C. LESTE, JIM, H., MR.,

Mailing Address 3437 VIA LOMA VIS

City
ESCONDIDO

State
CA

Zip Code
92029-7724

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 ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2016

Transaction ID : SA11A.446077

Amount of Each Receipt this Period

176.00

☐ Memo Item
CONTRIBUTION

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

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

571.00

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 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

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

Mailing Address 500 MOTT DR. APT. 218C

City
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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : SA11A.373336

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MAGNUSON, MAMIE, D., MS.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373888

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

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

C. MAGNUSON, MAMIE, D., MS.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : SA11A.422369

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 36 OF 86
(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. MARTIN, JOYCE, V., MRS.,

Mailing Address 1900 E GIRARD PL. APT. 703

City
ENGLEWOOD

State
CO

Zip Code
80113-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373913

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

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

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

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590-0440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : SA11A.374243

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. MARX, RICHARD, C., MR.,

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590-0440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2016

Transaction ID : SA11A.423051

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)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 86
(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

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

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

Mailing Address 2131 NW PACIFIC YEW PL.

City
ISSAQUAHState
WAZip Code
98027-8642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
07	26	2016

Transaction ID : SA11A.374220

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. MASSICK, JAMES, W., MR.,

Mailing Address 2131 NW PACIFIC YEW PL.

City
ISSAQUAHState
WAZip Code
98027-8642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
08	10	2016

Transaction ID : SA11A.422367

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. MATTINSON, WILLIAM, E., MR.,

Mailing Address PO BOX 473

City
SOUTH CHARLESTONState
OHZip Code
45368-0473FEC 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 ▼

225.00

Date of Receipt

M M	D D	Y Y Y Y
08	15	2016

Transaction ID : SA11A.422412

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

125.00

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 38 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. MATTINSON, WILLIAM, E., MR.,

Mailing Address PO BOX 473

City
SOUTH CHARLESTON

State
OH

Zip Code
45368-0473

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11A.446334

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

B. MCCALL, JAMES, B., MR.,

Mailing Address 3219 S TORREY PINES DR.

City
LAS VEGAS

State
NV

Zip Code
89146-6529

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NULL

Occupation (for Individual)
NULL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445981

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. MCDANOLDS, RICHARD, G., MR.,

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 BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373882

Amount of Each Receipt this Period

52.00

☐ Memo Item
CONTRIBUTION

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

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

627.00

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

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

FOR LINE NUMBER: PAGE 39 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. MCDANOLDS, RICHARD, G., MR.,

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11A.446139

Amount of Each Receipt this Period

26.00

☐ Memo Item
CONTRIBUTION

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

B. MCLAUGHLIN, WILLIAM, G., MR.,

Mailing Address 7430 SUNSHINE SKYWAY LN. S
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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11A.374070

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

C. MCLAUGHLIN, WILLIAM, G., MR.,

Mailing Address 7430 SUNSHINE SKYWAY LN. S
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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2016

Transaction ID : SA11A.423149

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

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

86.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. MCLAUGHLIN, WILLIAM, G., MR.,

 Mailing Address 7430 SUNSHINE SKYWAY LN. S
 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 ▼

210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016

Transaction ID : SA11A.449640

Amount of Each Receipt this Period

30.00

☐ Memo Item
 CONTRIBUTION

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

B. MCMILLAN, JAMES, C., MR.,

Mailing Address 15 CRYSTAL CANYON PL.

 City
 THE WOODLANDS

 State
 TX

 Zip Code
 77389-5310

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 NONE

 Occupation (for Individual)
 HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2016

Transaction ID : SA11A.445994

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

C. MCMILLAN, JAMES, C., MR.,

Mailing Address 15 CRYSTAL CANYON PL.

 City
 THE WOODLANDS

 State
 TX

 Zip Code
 77389-5310

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 NONE

 Occupation (for Individual)
 HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2016

Transaction ID : SA11A.483062

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CONTRIBUTION

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

330.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 86
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. MCMILLAN, JAMES, M., MRS.,

Mailing Address 10525 DAY TRAIL LN

City
SPRINGState
TXZip Code
77389-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11A.497003

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

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

B. MCPHEETERS, BURTON, , MR.,

Mailing Address 23998 S MCPHEETERS RD.

City
GOTHENBURGState
NEZip Code
69138-9351FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2016

Transaction ID : SA11A.422391

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

C. MCPHEETERS, BURTON, , MR.,

Mailing Address 23998 S MCPHEETERS RD.

City
GOTHENBURGState
NEZip Code
69138-9351FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : SA11A.475474

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ►

600.00

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 42 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. MILLIKEN, WILLA, R., MS.,

Mailing Address 633 CARRIAGE DR.

City
BECKLEY

State
WV

Zip Code
25801-2809

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 ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11A.373594

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

Mailing Address 12738 W CASTLE ROCK DR.

City
SUN CITY WEST

State
AZ

Zip Code
85375-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : SA11A.374209

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MURRAY, MARY, T., MISS,

Mailing Address 98 MYERS AVE.

City
HICKSVILLE

State
NY

Zip Code
11801-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.16

Date of Receipt

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

Transaction ID : SA11A.373517

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

245.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. MURRAY, MARY, T., MISS,

Mailing Address 98 MYERS AVE.

City
HICKSVILLE

State
NY

Zip Code
11801-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445946

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. NORTH, SHARON, C., MRS.,

Mailing Address 902 PENWALL CT.

City
FAYETTEVILLE

State
NC

Zip Code
28303-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA11A.374039

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

C. NORTH, SHARON, C., MRS.,

Mailing Address 902 PENWALL CT.

City
FAYETTEVILLE

State
NC

Zip Code
28303-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11A.422414

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

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

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

365.00

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

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

FOR LINE NUMBER: PAGE 44 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. OLSON, RUTH, M., MRS.,

Mailing Address 3350 MAPLEWOOD CT. S

City
FARGOState
NDZip Code
58104-6224FEC 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 ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : SA11A.423098

Amount of Each Receipt this Period

67.00

☐ Memo Item
CONTRIBUTION

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

B. PALMER, EDITH, , MS.,

Mailing Address 282 LAROE RD.

City
CHESTERState
NYZip Code
10918-2435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11A.449617

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. PATTIE, E., S., MR.,

Mailing Address 2404 RAYMOND PL.

City
HAYMARKETState
VAZip Code
20169-1541FEC 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

M M / D D / Y Y Y Y Y Y
08 / 01 / 2016

Transaction ID : SA11A.422081

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

667.00

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

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

FOR LINE NUMBER: PAGE 45 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. PATTIE, E., S., MR.,

Mailing Address 2404 RAYMOND PL.

City
HAYMARKET

State
VA

Zip Code
20169-1541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445953

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. PLEAKE, KENNETH, F., MR.,

Mailing Address 3125 ZION LN.

City
EL PASO

State
TX

Zip Code
79904-3531

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373874

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. PLEAKE, KENNETH, F., MR.,

Mailing Address 3125 ZION LN.

City
EL PASO

State
TX

Zip Code
79904-3531

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 ▼

235.00

Date of Receipt

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

Transaction ID : SA11A.422292

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

135.00

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 46 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. PLEAKE, KENNETH, F., MR.,

Mailing Address 3125 ZION LN.

City
EL PASO

State
TX

Zip Code
79904-3531

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2016

Transaction ID : SA11A.446068

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

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

B. PLEAKE, KENNETH, F., MR.,

Mailing Address 3125 ZION LN.

City
EL PASO

State
TX

Zip Code
79904-3531

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2016

Transaction ID : SA11A.475471

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

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

C. PLEAKE, KENNETH, F., MR.,

Mailing Address 3125 ZION LN.

City
EL PASO

State
TX

Zip Code
79904-3531

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11A.496855

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 47 OF 86

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. PULLIN, ANNA, L., MS.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

07 / 21 / 2016

Transaction ID : SA11A.374208

Amount of Each Receipt this Period

70.00

☐ Memo Item
CONTRIBUTION

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

B. PULLIN, ANNA, L., MS.,

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)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

08 / 09 / 2016

Transaction ID : SA11A.422332

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

Mailing Address 112 HAWKINS ST.

City
PETAL

State
MS

Zip Code
39465-3306

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

07 / 21 / 2016

Transaction ID : SA11A.374198

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

155.00

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

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

FOR LINE NUMBER: PAGE 48 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. RUSCH, JOHN, H., MR.,

Mailing Address 311 CHRISTWOOD LN.

City
COVINGTONState
LAZip Code
70433-4617FEC 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 ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2016

Transaction ID : SA11A.374241

Amount of Each Receipt this Period

112.00

☐ Memo Item
CONTRIBUTION

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

B. RUSCH, JOHN, H., MR.,

Mailing Address 311 CHRISTWOOD LN.

City
COVINGTONState
LAZip Code
70433-4617FEC 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 ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2016

Transaction ID : SA11A.490901

Amount of Each Receipt this Period

112.00

☐ Memo Item
CONTRIBUTION

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

C. SALIM, MARTHA, J., MS.,

Mailing Address 840 NANTUCKET DR.

City
BEAUMONTState
TXZip Code
77706-5335FEC 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2016

Transaction ID : SA11A.374109

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

324.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. SALIM, MARTHA, J., MS.,

Mailing Address 840 NANTUCKET DR.

City
BEAUMONTState
TXZip Code
77706-5335FEC 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 ▼

900.00

Date of Receipt

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

Transaction ID : SA11A.422133

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

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

Mailing Address 840 NANTUCKET DR.

City
BEAUMONTState
TXZip Code
77706-5335FEC 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : SA11A.422347

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. SALIM, MARTHA, J., MS.,

Mailing Address 840 NANTUCKET DR.

City
BEAUMONTState
TXZip Code
77706-5335FEC 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2016

Transaction ID : SA11A.423050

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 50 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. SALIM, MARTHA, J., MS.,

Mailing Address 840 NANTUCKET DR.

City
BEAUMONTState
TXZip Code
77706-5335FEC 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2016

Transaction ID : SA11A.475483

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

B. SCHLEICH, DOROTHY, M., MRS., TTEE

Mailing Address 160 E WALNUT ST.
APT 121City
CANTONState
ILZip Code
61520-2701FEC 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 ▼

224.00

Date of Receipt

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

Transaction ID : SA11A.422128

Amount of Each Receipt this Period

67.00

☐ Memo Item
CONTRIBUTION

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

C. SCHLEICH, DOROTHY, M., MRS., TTEE

Mailing Address 160 E WALNUT ST.
APT 121City
CANTONState
ILZip Code
61520-2701FEC 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 ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11A.483197

Amount of Each Receipt this Period

67.00

☐ Memo Item
CONTRIBUTION

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

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

284.00

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

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

FOR LINE NUMBER: PAGE 51 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. SCHOONMAKER, WALTER, J., MR.,

Mailing Address 64 POE ST.

City
HARTSDALEState
NYZip Code
10530-1041FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11A.496904

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. SHANNON, BONNIE, M., MISS,

Mailing Address 5700 N PROGRESS RD.

City
SPOKANEState
WAZip Code
99216-3040FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2016

Transaction ID : SA11A.373691

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. SHANNON, BONNIE, M., MISS,

Mailing Address 5700 N PROGRESS RD.

City
SPOKANEState
WAZip Code
99216-3040FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373907

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

225.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. STAHMANN, KATHRYN, A., MRS.,

Mailing Address 42 N TANGLEWOOD SPUR

City
SEDONAState
AZZip Code
86351-7835FEC 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 ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : SA11A.374242

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. STAHMANN, KATHRYN, A., MRS.,

Mailing Address 42 N TANGLEWOOD SPUR

City
SEDONAState
AZZip Code
86351-7835FEC 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 ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : SA11A.449599

Amount of Each Receipt this Period

42.00

☐ Memo Item
CONTRIBUTION

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

C. STEINER, ROBERT, G., MR., RET.

Mailing Address 600 W BROADWAY
STE 2600City
SAN DIEGOState
CAZip Code
92101-3372FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : SA11A.374212

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

392.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. STEINER, ROBERT, G., MR., RET.

Mailing Address 600 W BROADWAY
STE 2600

City
SAN DIEGO

State
CA

Zip Code
92101-3372

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2016

Transaction ID : SA11A.422371

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. STEVENS, DOROTHY, , MRS.,

Mailing Address 3510 REMCO ST.

City
CASTRO VALLEY

State
CA

Zip Code
94546-1148

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373912

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

C. STEVENS, DOROTHY, , MRS.,

Mailing Address 3510 REMCO ST.

City
CASTRO VALLEY

State
CA

Zip Code
94546-1148

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11A.483203

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. STINEBISER, RONALD, G., MR., USN RET.

Mailing Address 1195 LA MOREE RD.

SPC 112

City

SAN MARCOS

State

CA

Zip Code

92078-4531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.422294

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

B. SURGEON, DONALD, KEARN, MR.,

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.422676

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

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

C. SURGEON, DONALD, KEARN, MR.,

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

Transaction ID : SA11A.483201

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 55 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. TANNER, RAY, U., MR., RET.

Mailing Address 14 WHITSITT PARK

City
JACKSONState
TNZip Code
38301-3466FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.373900

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. TANNER, RAY, U., MR., RET.

Mailing Address 14 WHITSITT PARK

City
JACKSONState
TNZip Code
38301-3466FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445958

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. TRITES, CHESTER, W., MR., TTEE

Mailing Address PO BOX 396

City
PELICAN RAPIDSState
MNZip Code
56572-0396FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11A.422118

Amount of Each Receipt this Period

52.00

☐ Memo Item
CONTRIBUTION

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

202.00

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 56 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. TRITES, CHESTER, W., MR., TTEE

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 ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445929

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

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

B. VANDERHORVEN, KAREN, A., MS.,

Mailing Address 7047 STRATFORD ECHO

City
WOODBURY

State
MN

Zip Code
55125-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2016

Transaction ID : SA11A.446065

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. VANDERHORVEN, KAREN, A., MS.,

Mailing Address 7047 STRATFORD ECHO

City
WOODBURY

State
MN

Zip Code
55125-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2016

Transaction ID : SA11A.446070

Amount of Each Receipt this Period

50.00

☐ 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 57 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. VOELL, RICHARD, A., MR.,

Mailing Address 13611 DEERING BAY DR.
 APT 1101 SIENA 1101

City
 CORAL GABLES

State
 FL

Zip Code
 33158-

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2016

Transaction ID : SA11A.496902

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

B. VOLBERDING, FLORENCE, , MRS.,

Mailing Address 811 RICE AVE.
 APT 19

City
 GREGORY

State
 SD

Zip Code
 57533-1262

FEC ID number of contributing
 federal political committee.

C

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

Occupation (for Individual)
 INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 21 / 2016

Transaction ID : SA11A.374210

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

C. VOLBERDING, FLORENCE, , MRS.,

Mailing Address 811 RICE AVE.
 APT 19

City
 GREGORY

State
 SD

Zip Code
 57533-1262

FEC ID number of contributing
 federal political committee.

C

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

Occupation (for Individual)
 INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 02 / 2016

Transaction ID : SA11A.446357

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 58 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. WEEKS, ANNIE, H., MRS.,

Mailing Address 3411 ROCK LN.

City
IRONDALEState
ALZip Code
35210-3708FEC 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 ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2016

Transaction ID : SA11A.445977

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. WERLING, HARRY, A., MR.,

Mailing Address 205 WILSON RD.

City
MAGNOLIAState
NJZip Code
08049-1536FEC 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 ▼

235.00

Date of Receipt

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

Transaction ID : SA11A.373518

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

Mailing Address 1414 S 1050 E

City
OAKLAND CITYState
INZip Code
47660-8662FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11A.373681

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 59 OF 86
(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. WILKE, PAUL, , MR.,

Mailing Address 4923 N HIGHWAY 94

City
SAINT CHARLES

State
MO

Zip Code
63301-6432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11A.373596

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

200.00

20278.00

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

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

FOR LINE NUMBER: PAGE 60 OF 86

(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. ACTIVE ENGAGEMENT LLC

Mailing Address 44804 RIVERSIDE PARKWAY
SUITE 350

City
LANSLOWNE

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 ▼

25241.96

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SA17.90306

Amount of Each Receipt this Period

4800.00

☐ Memo Item

LIST RENTAL INCOME

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

B. ACTIVE ENGAGEMENT LLC

Mailing Address 44804 RIVERSIDE PARKWAY
SUITE 350

City
LANSLOWNE

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 ▼

25241.96

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2016

Transaction ID : SA17.92460

Amount of Each Receipt this Period

4053.96

☐ Memo Item

LIST RENTAL INCOME

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

C. NOVA LIST COMPANY

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City
ASHBURN

State
VA

Zip Code
20147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

19590.84

Date of Receipt

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

Transaction ID : SA17.90307

Amount of Each Receipt this Period

1952.58

☐ Memo Item

LIST RENTAL INCOME

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

10806.54

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 61 OF 86
(check only one)

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

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

A. NOVA LIST COMPANY

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City
ASHBURN

State
VA

Zip Code
20147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19590.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2016

Transaction ID : SA17.91362

Amount of Each Receipt this Period

3534.09

☐ Memo Item

LIST RENTAL INCOME

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

3534.09

14340.63

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

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. BENWAY, KENNETH, , ,

Mailing Address 8 MARTIN WAY

City
WHISPERING PINESState
NCZip Code
28327Purpose of Disbursement
CAREY ACCOUNT - REIMBURSEMENT FOR COMMITTEE EXPENSES
(SEE BELOW)
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

FEC Identification Number

C**Transaction ID : SB21B.I9141**

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARKEL AMERICAN INSURANCE COMPANY

Mailing Address PO BOX 906

City
PEWAUKEEState
WIZip Code
53072Purpose of Disbursement
CAREY ACCOUNT - LIABILITY INSURANCE PREMIUM
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

FEC Identification Number

C**Transaction ID : SB21B.I9141**

Amount of Each Disbursement this Period

300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SAND HILLS COMMUNITY COLLEGE

Mailing Address 3395 AIRPORT RD

City
PINEHURSTState
NCZip Code
28374Purpose of Disbursement
CAREY ACCOUNT - ROOM RENTAL FEE
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

FEC Identification Number

C**Transaction ID : SB21B.I9142**

Amount of Each Disbursement this Period

150.00

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

450.00

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

PAGE 63 OF 86

<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. ACS PUBLIC RELATIONS

Mailing Address 6214 DEVONHURST DR

City
JACKSONVILLEState
FLZip Code
32258Purpose of Disbursement
CAREY ACCOUNT - PUBLIC RELATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

FEC Identification Number

C **Transaction ID : SB21B.I9136**

Amount of Each Disbursement this Period

 1200.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN CAGING, INC.Mailing Address 4850 WRIGHT RD
STE 168City
STAFFORDState
TXZip Code
77477Purpose of Disbursement
CAGING AND ESCROW

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C **Transaction ID : SB21B.I92345**

Amount of Each Disbursement this Period

 1318.70☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN CAGING, INC.Mailing Address 4850 WRIGHT RD
STE 168City
STAFFORDState
TXZip Code
77477Purpose of Disbursement
CAGING AND ESCROW

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

FEC Identification Number

C **Transaction ID : SB21B.I9245**

Amount of Each Disbursement this Period

 2173.26☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 4691.96

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

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCOState
CAZip Code
94128Purpose of Disbursement
CAREY ACCOUNT - MERCHANT PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.I90301**

Amount of Each Disbursement this Period

 37.90☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCOState
CAZip Code
94128Purpose of Disbursement
CAREY ACCOUNT - MERCHANT PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.I91364**

Amount of Each Disbursement this Period

 37.90☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCOState
CAZip Code
94128Purpose of Disbursement
CAREY ACCOUNT - MERCHANT PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.I9145**

Amount of Each Disbursement this Period

 37.90☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 113.70

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

PAGE 65 OF 86

<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. CORPORATE PRESS, INC.

Mailing Address 9700 PHILADELPHIA COURT

City
LANHAMState
MDZip Code
20706Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2016

FEC Identification Number

C**Transaction ID : SB21B.I9141**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CORPORATE PRESS, INC.

Mailing Address 9700 PHILADELPHIA COURT

City
LANHAMState
MDZip Code
20706Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

FEC Identification Number

C**Transaction ID : SB21B.I92334**

Amount of Each Disbursement this Period

2528.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CORPORATE PRESS, INC.

Mailing Address 9700 PHILADELPHIA COURT

City
LANHAMState
MDZip Code
20706Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C**Transaction ID : SB21B.I9234**

Amount of Each Disbursement this Period

1119.36

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

5148.00

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

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. DB CAPITOL STRATEGIESMailing Address 203 SOUTH UNION ST
SUITE 300City
ALEXANDRIAState
VAZip Code
22314-3356Purpose of Disbursement
CAREY ACCOUNT - REIMBURSEMENTS (SEE BELOW)

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

FEC Identification Number

C**Transaction ID : SB21B.I9030**

Amount of Each Disbursement this Period

1508.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400City
VIENNAState
VAZip Code
22182Purpose of Disbursement
CAREY ACCOUNT - COMPLIANCE SOFTWARE FEES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

FEC Identification Number

C**Transaction ID : SB21B.I9032**

Amount of Each Disbursement this Period

1500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GODADDY.COMMailing Address 14455 N HAYDEN RD
STE 219City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
CAREY ACCOUNT - ONLINE SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2016

FEC Identification Number

C**Transaction ID : SB21B.I9032**

Amount of Each Disbursement this Period

8.17

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

1508.17

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

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. DB CAPITOL STRATEGIESMailing Address 203 SOUTH UNION ST
SUITE 300City
ALEXANDRIAState
VAZip Code
22314-3356Purpose of Disbursement
LEGAL AND COMPLIANCE SERVICES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.I9144**

Amount of Each Disbursement this Period

 2500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIESMailing Address 203 SOUTH UNION ST
SUITE 300City
ALEXANDRIAState
VAZip Code
22314-3356Purpose of Disbursement
CAREY ACCOUNT - REIMBURSEMENTS (SEE BELOW)

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.I91451**

Amount of Each Disbursement this Period

 500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400City
VIENNAState
VAZip Code
22182Purpose of Disbursement
COMPLIANCE SOFTWARE FEES

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.I9145**

Amount of Each Disbursement this Period

 500.00☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 3000.00

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

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. ELAVON INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Mailing Address TWO CONCOURSE PARKWAY
SUITE 800City
ATLANTAState
GAZip Code
30328Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I9031**

Amount of Each Disbursement this Period

121.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELAVON INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2016

Mailing Address TWO CONCOURSE PARKWAY
SUITE 800City
ATLANTAState
GAZip Code
30328Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I91372**

Amount of Each Disbursement this Period

321.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELAVON INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Mailing Address TWO CONCOURSE PARKWAY
SUITE 800City
ATLANTAState
GAZip Code
30328Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I9145**

Amount of Each Disbursement this Period

171.05

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

613.98

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

PAGE 69 OF 86

<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. ELAVON INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Mailing Address TWO CONCOURSE PARKWAY
SUITE 800City
ATLANTAState
GAZip Code
30328Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.I9145

Amount of Each Disbursement this Period

45.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. FULFILLMENT HOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Mailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.I9136

Amount of Each Disbursement this Period

5543.49

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. FULFILLMENT HOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2016

Mailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.I9141

Amount of Each Disbursement this Period

0.38

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

5588.87

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

PAGE 70 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.I9233**

Amount of Each Disbursement this Period

1.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.I9234**

Amount of Each Disbursement this Period

0.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.I9245**

Amount of Each Disbursement this Period

5516.25

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

5518.17

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

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

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

FEC Identification Number

C**Transaction ID : SB21B.I9246**

Amount of Each Disbursement this Period

3023.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
SHIPPING

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

FEC Identification Number

C**Transaction ID : SB21B.I92464**

Amount of Each Disbursement this Period

2.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C**Transaction ID : SB21B.I9246**

Amount of Each Disbursement this Period

1997.90

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

5023.07

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

PAGE 72 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C

Transaction ID : SB21B.I9246I

Amount of Each Disbursement this Period

1.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2016

FEC Identification Number

C

Transaction ID : SB21B.I9247I

Amount of Each Disbursement this Period

998.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FULFILLMENT HOUSEMailing Address 22630 DULLES SUMMIT CT
STE 190City
STERLINGState
VAZip Code
20166Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2016

FEC Identification Number

C

Transaction ID : SB21B.I9247I

Amount of Each Disbursement this Period

0.67

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

1000.96

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

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2016

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I9031!

Amount of Each Disbursement this Period

1372.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IMAGE DIRECT LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I92344

Amount of Each Disbursement this Period

1494.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IMAGE DIRECT LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

Mailing Address 200 MONROE AVE
BUILDING 4City
FREDERICKState
MDZip Code
21701Purpose of Disbursement
SHIPPING

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I9246

Amount of Each Disbursement this Period

5.45

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

2872.64

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

PAGE 74 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. INTEGRAM

Mailing Address 22695 COMMERCE CENTER COURT

City
DULLESState
VAZip Code
20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2016

FEC Identification Number

C

Transaction ID : SB21B.I9031'

Amount of Each Disbursement this Period

3500.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRAM

Mailing Address 22695 COMMERCE CENTER COURT

City
DULLESState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2016

FEC Identification Number

C

Transaction ID : SB21B.I90314

Amount of Each Disbursement this Period

5418.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRAM

Mailing Address 22695 COMMERCE CENTER COURT

City
DULLESState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2016

FEC Identification Number

C

Transaction ID : SB21B.I9136

Amount of Each Disbursement this Period

4624.85

☐ Memo Item

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

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

13544.06

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

PAGE 75 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. INTEGRAM

Mailing Address 22695 COMMERCE CENTER COURT

City
DULLESState
VAZip Code
20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C

Transaction ID : SB21B.I9233i

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRAM

Mailing Address 22695 COMMERCE CENTER COURT

City
DULLESState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2016

FEC Identification Number

C

Transaction ID : SB21B.I9233i

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRAM

Mailing Address 22695 COMMERCE CENTER COURT

City
DULLESState
VAZip Code
20166Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

FEC Identification Number

C

Transaction ID : SB21B.I9245

Amount of Each Disbursement this Period

2804.02

☐ Memo Item

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

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

8804.02

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

PAGE 76 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City
DULLESState
VAZip Code
20166Purpose of Disbursement
POSTAGE & DELIVERY

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2016

FEC Identification Number

C**Transaction ID : SB21B.I9031**

Amount of Each Disbursement this Period

4917.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City
DULLESState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2016

FEC Identification Number

C**Transaction ID : SB21B.I9233**

Amount of Each Disbursement this Period

5002.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City
DULLESState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C**Transaction ID : SB21B.I9234**

Amount of Each Disbursement this Period

5264.13

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

15184.30

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

PAGE 77 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2016

FEC Identification Number

C**Transaction ID : SB21B.I9246'**

Amount of Each Disbursement this Period

1058.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POLITICAL MEDIA, INC.Mailing Address 406 FIRST STREET SE
3RD FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CAREY ACCOUNT - WEB SITE HOSTING AND DOMAIN MANAGEMENT

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2016

FEC Identification Number

C**Transaction ID : SB21B.I9031C**

Amount of Each Disbursement this Period

141.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POLITICAL MEDIA, INC.Mailing Address 406 FIRST STREET SE
3RD FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CAREY ACCOUNT - WEB SITE HOSTING AND DOMAIN MANAGEMENT

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.I9136**

Amount of Each Disbursement this Period

289.25

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

1488.52

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

PAGE 78 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C	
Transaction ID : SB21B.I9031	
Amount of Each Disbursement this Period	
	714.38

☐ 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
07		13		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C	
Transaction ID : SB21B.I9031	
Amount of Each Disbursement this Period	
	476.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C	
Transaction ID : SB21B.I9031	
Amount of Each Disbursement this Period	
	3167.83

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

4358.77

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

PAGE 79 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I91361**

Amount of Each Disbursement this Period

3299.05

☐ 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
08		17		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I91367**

Amount of Each Disbursement this Period

2835.18

☐ 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
08		25		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I9141**

Amount of Each Disbursement this Period

1460.77

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

7595.00

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

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

PAGE 80 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I9145

Amount of Each Disbursement this Period

944.81

☐ 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
09		02		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I9145

Amount of Each Disbursement this Period

1194.71

☐ 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
09		07		2016

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

Candidate Name

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

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I9145

Amount of Each Disbursement this Period

44.24

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

2183.76

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

PAGE 81 OF 86

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

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NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. POSTAGE FOR DIRECT MAIL FUNDRAISING LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

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

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I9233!

Amount of Each Disbursement this Period

1533.56

☐ 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
09		21		2016

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

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I92337

Amount of Each Disbursement this Period

4000.00

☐ 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
09		12		2016

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

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I9234

Amount of Each Disbursement this Period

36.24

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

5569.80

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

PAGE 82 OF 86

<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. PROLIST DATA AND MAILMailing Address 4510 BUCKEYSTOWN PIKE
STE MCity
FREDERICKState
MDZip Code
21704Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

FEC Identification Number

C

Transaction ID : SB21B.I9142'

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SECUREONE DATA SOLUTIONSMailing Address 2801 NORTH 33RD AVENUE
STE 1City
PHOENIXState
AZZip Code
85009Purpose of Disbursement
CAGING AND ESCROW

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

C

Transaction ID : SB21B.I92347

Amount of Each Disbursement this Period

427.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SECUREONE DATA SOLUTIONSMailing Address 2801 NORTH 33RD AVENUE
STE 1City
PHOENIXState
AZZip Code
85009Purpose of Disbursement
POSTAGE AND DELIVERY

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

C

Transaction ID : SB21B.I9246

Amount of Each Disbursement this Period

268.41

☐ Memo Item

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

3695.91

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

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

PAGE 83 OF 86

<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. TRI-STATE ENVELOPE CORPORATION

Mailing Address 20TH & MARKET STREET

City
ASHLANDState
PAZip Code
17921Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.I9136**

Amount of Each Disbursement this Period

676.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRI-STATE ENVELOPE CORPORATION

Mailing Address 20TH & MARKET STREET

City
ASHLANDState
PAZip Code
17921Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

FEC Identification Number

C**Transaction ID : SB21B.I9137C**

Amount of Each Disbursement this Period

4575.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TRI-STATE ENVELOPE CORPORATION

Mailing Address 20TH & MARKET STREET

City
ASHLANDState
PAZip Code
17921Purpose of Disbursement
PRINTING AND MAILSHOP

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2016

FEC Identification Number

C**Transaction ID : SB21B.I9137**

Amount of Each Disbursement this Period

7457.99

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

12709.68

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

PAGE 84 OF 86

<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. UNITED STATES POSTAL SERVICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Mailing Address 475 L'ENFANT PLAZA SW

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I9235'

Amount of Each Disbursement this Period

20.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL SERVICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Mailing Address 475 L'ENFANT PLAZA SW

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I92353

Amount of Each Disbursement this Period

20.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL SERVICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Mailing Address 475 L'ENFANT PLAZA SW

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I9235

Amount of Each Disbursement this Period

20.66

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

61.98

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

PAGE 85 OF 86

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

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

NAME OF COMMITTEE (In Full)

Special Operations Speaks PAC - SOS PAC

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL SERVICE

Mailing Address 475 L'ENFANT PLAZA SW

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2016

FEC Identification Number

C**Transaction ID : SB21B.I9235f**

Amount of Each Disbursement this Period

20.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL SERVICE

Mailing Address 475 L'ENFANT PLAZA SW

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C**Transaction ID : SB21B.I92357**

Amount of Each Disbursement this Period

20.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL SERVICE

Mailing Address 475 L'ENFANT PLAZA SW

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C**Transaction ID : SB21B.I9235**

Amount of Each Disbursement this Period

57.29

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

98.61

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

PAGE 86 OF 86

<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. UNITED STATES POSTAL SERVICE

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09		29		2016

Mailing Address 475 L'ENFANT PLAZA SW

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I9245I

Amount of Each Disbursement this Period

20.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

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

20.66

110844.59