

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SPECIAL OPERATIONS FOR AMERICA

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="255904.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="255904.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="636947.30"/>	<input type="text" value="636947.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="892851.88"/>	<input type="text" value="892851.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="631546.96"/>	<input type="text" value="631546.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="261304.92"/>	<input type="text" value="261304.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

SPECIAL OPERATIONS FOR AMERICA

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

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).....	271177.00	271177.00
(ii) Unitemized	365770.30	365770.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	636947.30	636947.30
(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)	636947.30	636947.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	636947.30	636947.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	636947.30	636947.30

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	390770.96	390770.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	390770.96	390770.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	240776.00	240776.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	631546.96	631546.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	631546.96	631546.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	636947.30	636947.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	636947.30	636947.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	390770.96	390770.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	390770.96	390770.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR MIKE AGEE
Full Name (Last, First, Middle Initial)

Mailing Address 605 SUMMIT LAKE CT

City KNOXVILLE State TN Zip Code 37922

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

Name of Employer SELF-EMPLOYED Occupation INDUSTRIAL WATER TREATMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 597.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.23763

Amount of Each Receipt this Period
 398.00

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

Mailing Address 44 E POINT LN

City HAMPTON BAYS State NY Zip Code 11946

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.23097

Amount of Each Receipt this Period
 150.00

C. MR JACK ALBRECHT
Full Name (Last, First, Middle Initial)

Mailing Address 5607 MILITARY CT

City FAIRFIELD State CA Zip Code 94533

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

Name of Employer US MILITARY Occupation OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.11401

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 598.00

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 7 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS JUANITA L ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2011 TRIPPE ST

City RICHLAND State WA Zip Code 99354

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014
Transaction ID : SA11AI.11663

Amount of Each Receipt this Period
 110.00

B. MR LARRY AULTMAN
Full Name (Last, First, Middle Initial)

Mailing Address 725 LAKESHORE DR

City CORDELE State GA Zip Code 31015

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : SA11AI.22512

Amount of Each Receipt this Period
 100.00

C. MR JOHNNIE BAKER
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 163

City WRIGHTSVILLE BEACH State NC Zip Code 28480

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

Name of Employer ENVIRONMENTAL CHEMISTS, INC Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : SA11AI.18752

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. CAPT MICHAEL D BALSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12417 POSSESSION LN
 City EDMONDS State WA Zip Code 98026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : SA11AI.12845
 Amount of Each Receipt this Period
 250.00

B. CAPT MICHAEL D BALSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12417 POSSESSION LN
 City EDMONDS State WA Zip Code 98026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2014
Transaction ID : SA11AI.20624
 Amount of Each Receipt this Period
 250.00

C. MR RAY R BARRETT JR
 Full Name (Last, First, Middle Initial)
 Mailing Address HC 34 BOX 3
 City MIDKIFF State TX Zip Code 79755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMER RANCHER
 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
 02 / 12 / 2014
Transaction ID : SA11AI.13628
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 114
<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 FOR AMERICA

A. MR PAUL B BARRINGER
Full Name (Last, First, Middle Initial)

Mailing Address 14 S CALIBOGUE CAY RD

City HILTON HEAD	State SC	Zip Code 29928
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FEC ID number of contributing federal political committee. **C**

Name of Employer COASTAL LUMBER CO.	Occupation CHAIRMAN & C.E.O.
----------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

Transaction ID : SA11AI.6777

Amount of Each Receipt this Period
1000.00

B. MR CLINTON L BASEY
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 143

City SILVER LAKE	State OR	Zip Code 97638
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2014

Transaction ID : SA11AI.20590

Amount of Each Receipt this Period
400.00

C. MR WILLIAM BAUMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1086 ADAMS RD

City WINCHESTER	State VA	Zip Code 22603
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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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
02	/	26	/	2014

Transaction ID : SA11AI.14065

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 10 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS PATRICIA J BENNETT
Full Name (Last, First, Middle Initial)

Mailing Address 14500 FRUITVALE AVE APT 4222

City SARATOGA	State CA	Zip Code 95070
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
-------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2014

Transaction ID : SA11AI.6894

Amount of Each Receipt this Period
250.00

B. MR HENRY BERCU TT
Full Name (Last, First, Middle Initial)

Mailing Address 266 SUGARBERRY CIR

City HOUSTON	State TX	Zip Code 77024
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

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
02	/	18	/	2014

Transaction ID : SA11AI.10803

Amount of Each Receipt this Period
100.00

C. MR HENRY BERCU TT
Full Name (Last, First, Middle Initial)

Mailing Address 266 SUGARBERRY CIR

City HOUSTON	State TX	Zip Code 77024
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2014

Transaction ID : SA11AI.10802

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR HENRY BERCUIT
Full Name (Last, First, Middle Initial)

Mailing Address 266 SUGARBERRY CIR

City HOUSTON State TX Zip Code 77024

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.23493

Amount of Each Receipt this Period
 150.00

B. MR HENRY BERCUIT
Full Name (Last, First, Middle Initial)

Mailing Address 266 SUGARBERRY CIR

City HOUSTON State TX Zip Code 77024

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.23492

Amount of Each Receipt this Period
 200.00

C. MR RENE H BERNIER
Full Name (Last, First, Middle Initial)

Mailing Address 8 HONEYSUCKLE LN

City NIAHTIC State CT Zip Code 06357

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
 02 / 24 / 2014

Transaction ID : SA11AI.15381

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS KATHERINE R BIRCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 744 S OAK ST
 City HINSDALE State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.14603
 Amount of Each Receipt this Period
 500.00

B. MR JOSEPH BOLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 POTOMAC AVE NE
 City ATLANTA State GA Zip Code 30305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 01 / 14 / 2014
Transaction ID : SA11AI.6252
 Amount of Each Receipt this Period
 300.00

C. MS RUTH BORUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 344 S CLIFFWOOD AVE
 City LOS ANGELES State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 02 / 24 / 2014
Transaction ID : SA11AI.15486
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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 13 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS EDITH BRANDON
Full Name (Last, First, Middle Initial)

Mailing Address 3001 TECKLA BLVD

City AMARILLO State TX Zip Code 79106

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.19468

Amount of Each Receipt this Period
 100.00

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

Mailing Address 115 N STATE ST

City GENESEO State IL Zip Code 61254

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

Name of Employer SELF-EMPLOYED Occupation LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.10507

Amount of Each Receipt this Period
 250.00

C. MR JOHN BUCCOLO
Full Name (Last, First, Middle Initial)

Mailing Address 100 REDDING RD UNIT 2311

City REDDING State CT Zip Code 06896

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.21443

Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. DR GEORGE BUZBY JR		Date of Receipt
Mailing Address 997 STONYBROOK DR		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
BLUE BELL	PA	19422
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22668
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. MRS CHARLOTTE CABLE		Date of Receipt
Mailing Address 2111 E 34TH PL		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
JOPLIN	MO	64804
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.12236
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) C. MR GIUSEPPE CECCHI		Date of Receipt
Mailing Address 1700 N MOORE ST		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
ARLINGTON	VA	22209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4388
Name of Employer	Occupation	Amount of Each Receipt this Period
IDI GROUP COMPANIES	PRESIDENT	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1575.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MR GIUSEPPE CECCHI		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 05 / 2014
Mailing Address 1700 N MOORE ST		Transaction ID : SA11AI.9478
City ARLINGTON	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer IDI GROUP COMPANIES	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. MRS ELLOINE M CLARK		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 05 / 2014
Mailing Address 3716 MAPLEWOOD AVE		Transaction ID : SA11AI.19377
City DALLAS	State TX	Zip Code 75205
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 6000.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. MRS ELEANOR COBB		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2014
Mailing Address 131 S VISTA ST		Transaction ID : SA11AI.5231
City LOS ANGELES	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	6725.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS ELEANOR COBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 S VISTA ST
 City LOS ANGELES State CA Zip Code 90036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : SA11AI.5230
 Amount of Each Receipt this Period
 300.00

B. MRS ELEANOR COBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 S VISTA ST
 City LOS ANGELES State CA Zip Code 90036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2014
Transaction ID : SA11AI.11087
 Amount of Each Receipt this Period
 225.00

C. MRS ELEANOR COBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 S VISTA ST
 City LOS ANGELES State CA Zip Code 90036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.19590
 Amount of Each Receipt this Period
 450.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 975.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. SUSAN COCHRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 441 N LAKE WAY
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation SCULPTOR
 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
 01 / 17 / 2014
Transaction ID : SA11AI.8609
 Amount of Each Receipt this Period
 500.00

B. MS MARY K COLWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 MARICOPA CIR
 City ENON State OH Zip Code 45323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.20875
 Amount of Each Receipt this Period
 65.00

C. MR R ROY COSBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18168 DOGWOOD TRAIL RD
 City ROCKVILLE State VA Zip Code 23146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2014
Transaction ID : SA11AI.7504
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1065.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR R ROY COSBY
Full Name (Last, First, Middle Initial)

Mailing Address 18168 DOGWOOD TRAIL RD

City State Zip Code
ROCKVILLE VA 23146

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2014
Transaction ID : SA11Al.15452

Amount of Each Receipt this Period
500.00

B. MRS BETTY R CRAWFORD
Full Name (Last, First, Middle Initial)

Mailing Address 601 ASPEN TRL

City State Zip Code
MUSCATINE IA 52761

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

Name of Employer Occupation
RETIRED RETIRED

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
02 / 06 / 2014
Transaction ID : SA11Al.11751

Amount of Each Receipt this Period
500.00

C. PAUL W CRITCHLOW
Full Name (Last, First, Middle Initial)

Mailing Address 299 WEST 12 APT PHC-1

City State Zip Code
NEW YORK NY 10014

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

Name of Employer Occupation
BANK OF AMERICA/MERYL LYNCH INVESTMENT BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 13 / 2014
Transaction ID : SA11Al.24291

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
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 19 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. PAUL W CRITCHLOW		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 03 / 2014 Transaction ID : SA11AI.24290
Mailing Address 299 WEST 12 APT PHC-1		Amount of Each Receipt this Period 15000.00
City NEW YORK	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. C		
Name of Employer BANK OF AMERICA/MERYL LYNCH	Occupation INVESTMENT BANKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) B. PAUL W CRITCHLOW		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2014 Transaction ID : SA11AI.24446
Mailing Address 299 WEST 12 APT PHC-1		Amount of Each Receipt this Period 100.00
City NEW YORK	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. C		
Name of Employer BANK OF AMERICA/MERYL LYNCH	Occupation INVESTMENT BANKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25100.00	

Full Name (Last, First, Middle Initial) C. LESLIE C DANIELS		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2014 Transaction ID : SA11AI.23568
Mailing Address 3 HARTURA PT		Amount of Each Receipt this Period 200.00
City HOT SPRINGS	State AR	Zip Code 71909
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	15300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR BRADFORD C DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3612 HUNTER RD
 City KERSHAW State SC Zip Code 29067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 10 / 2014
Transaction ID : SA11AI.21584
 Amount of Each Receipt this Period 110.00

B. MR RALPH V DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 BARD AVE
 City STATEN ISLAND State NY Zip Code 10310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RICHMOND CHARITY Occupation CHAPLAIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 488.00

Date of Receipt 03 / 24 / 2014
Transaction ID : SA11AI.21511
 Amount of Each Receipt this Period 338.00

C. MS NANCY M DICKINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 GREENBRIER DR APT 308
 City CHARLOTTESVILLE State VA Zip Code 22901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2014
Transaction ID : SA11AI.9539
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 948.00
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 21 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. GLADYS DOANE
Full Name (Last, First, Middle Initial)

Mailing Address 3 BROADVIEW

City KIRKSVILLE State MO Zip Code 63501

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

Name of Employer RETIRED Occupation RETIRED

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
 01 / 16 / 2014
Transaction ID : SA11AI.7077

Amount of Each Receipt this Period
 300.00

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

Mailing Address 3 BROADVIEW

City KIRKSVILLE State MO Zip Code 63501

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2014
Transaction ID : SA11AI.14612

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3 BROADVIEW

City KIRKSVILLE State MO Zip Code 63501

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.21744

Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 22 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MR. HUGH R DUNLAP JR		Date of Receipt
Mailing Address 989 SHOOTING BOX RD		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
KING WILLIAM	VA	23086
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.18698
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MRS PHIL DURYEE		Date of Receipt
Mailing Address 1115 41ST AVE E		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
SEATTLE	WA	98112
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.23354
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MRS SYLVIA DURYEE		Date of Receipt
Mailing Address 1115 41ST AVE E		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
SEATTLE	WA	98112
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11611
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 23 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MR MICHAEL DYCKMAN			Date of Receipt
Mailing Address 4 MAJESTIC CT			<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.14459
DIX HILLS	NY	11746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="75.00"/>
Name of Employer	Occupation		
SELF-EMPLOYED	ATTORNEY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MRS WILMA EDWARDS			Date of Receipt
Mailing Address PO BOX 2948			<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.14530
DEL MAR	CA	92014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
RETIRED	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR MICHAEL A ERICE			Date of Receipt
Mailing Address 2756 HYSON LN			<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.18679
FALLS CHURCH	VA	22043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
NEW YORK LIFE	AGENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 24 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR P FANNING
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 607

City UNIONVILLE State PA Zip Code 19375

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

Name of Employer SELF-EMPLOYED Occupation BREEDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.9348

Amount of Each Receipt this Period
 201.00

B. MR P FANNING
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 607

City UNIONVILLE State PA Zip Code 19375

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

Name of Employer SELF-EMPLOYED Occupation BREEDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.9349

Amount of Each Receipt this Period
 101.00

C. MR JOHN G FIFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 400 WATERS DR APT D110

City SOUTHERN PINES State NC Zip Code 28387

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.16067

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 402.00

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 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial)
A. MR JOHN G FIFIELD

Mailing Address 400 WATERS DR APT D110

City State Zip Code
SOUTHERN PINES NC 28387

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.22632

Amount of Each Receipt this Period
300.00

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

Mailing Address 13057 CALIFORNIA ST

City State Zip Code
YUCAIPA CA 92399

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

Name of Employer Occupation
RETIRED RETIRED

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
 02 / 24 / 2014
Transaction ID : SA11AI.13959

Amount of Each Receipt this Period
100.00

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

Mailing Address 280 CLARK DR APT F44

City State Zip Code
CIRCLEVILLE OH 43113

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

Name of Employer Occupation
K & R TRANSPORTATION TRUCK DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014
Transaction ID : SA11AI.23176

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS ELIZABETH R FISHER
Full Name (Last, First, Middle Initial)

Mailing Address 6800 S GRANITE AVE APT V120

City TULSA	State OK	Zip Code 74136
---------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2014

Transaction ID : SA11AI.12785

Amount of Each Receipt this Period
250.00

B. MR ROBERT D FISHER
Full Name (Last, First, Middle Initial)

Mailing Address 727 S FLORIDA AVE

City DELAND	State FL	Zip Code 32720
----------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2014

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
250.00

C. MR REX J FLANSBURG
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 266

City CLINTON	State MT	Zip Code 59825
-----------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : SA11AI.21699

Amount of Each Receipt this Period
160.00

SUBTOTAL of Receipts This Page (optional).....▶	660.00
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 27 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS VICTORIA I FORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4303 FOREST PARK RD
 City JACKSONVILLE State FL Zip Code 32210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 02 / 10 / 2014
Transaction ID : SA11AI.12361
 Amount of Each Receipt this Period
 250.00

B. MRS KATHLEEN FORRESTAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 E BRADFORD AVE APT 3304
 City MILWAUKEE State WI Zip Code 53211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 03 / 25 / 2014
Transaction ID : SA11AI.22096
 Amount of Each Receipt this Period
 200.00

C. MR CLIFTON M FOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 WESTHILL RD
 City RICHMOND State VA Zip Code 23226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 03 / 17 / 2014
Transaction ID : SA11AI.23215
 Amount of Each Receipt this Period
 150.00

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: (check only one)	PAGE 28 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS MILDRED FREEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1395 MONTCLAIRE WAY

City LOS ALTOS State CA Zip Code 94024

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.19752

Amount of Each Receipt this Period
50.00

B. MR WARREN GALKIN
Full Name (Last, First, Middle Initial)

Mailing Address 29 SAGE DR

City WARWICK State RI Zip Code 02886

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

Name of Employer: **NATCO PRODUCTS CORP** Occupation: **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.18408

Amount of Each Receipt this Period
1000.00

C. MR MARCO GARCIA
Full Name (Last, First, Middle Initial)

Mailing Address 2051 OWENBY DR

City TALLAHASSEE State FL Zip Code 32308

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

Name of Employer: **INFORMATION REQUESTED** Occupation: **INFORMATION REQUESTED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.22675

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... **1250.00**

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 29 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS SONJA GERQUEST
Full Name (Last, First, Middle Initial)

Mailing Address 5101 ASHLAR VLG

City WALLINGFORD State CT Zip Code 06492

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.8991

Amount of Each Receipt this Period
 250.00

B. MS SONJA GERQUEST
Full Name (Last, First, Middle Initial)

Mailing Address 5101 ASHLAR VLG

City WALLINGFORD State CT Zip Code 06492

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

Name of Employer RETIRED Occupation RETIRED

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
 02 / 18 / 2014

Transaction ID : SA11AI.8992

Amount of Each Receipt this Period
 50.00

C. MS SONJA GERQUEST
Full Name (Last, First, Middle Initial)

Mailing Address 5101 ASHLAR VLG

City WALLINGFORD State CT Zip Code 06492

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.18443

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR BENJAMIN K GIBBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 806 SPRINGMOOR DR
 City RALEIGH State NC Zip Code 27615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2014
Transaction ID : SA11AI.9591
 Amount of Each Receipt this Period
 240.00

B. MS S GODMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3421 HARBORCREST CT NW
 City GIG HARBOR State WA Zip Code 98332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 03 / 18 / 2014
Transaction ID : SA11AI.19892
 Amount of Each Receipt this Period
 50.00

C. MR JOHN A GREENE
 Full Name (Last, First, Middle Initial)
 Mailing Address 158 ARROWOOD PT
 City HIAWASSEE State GA Zip Code 30546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 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
 03 / 28 / 2014
Transaction ID : SA11AI.20893
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00
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 31 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. DONALD L GROVER
Full Name (Last, First, Middle Initial)

Mailing Address 312 OLIVER ST APT 2

City CORYDON State IN Zip Code 47112

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.22525

Amount of Each Receipt this Period
 1000.00

B. MR FRANCIS GRUBELICH
Full Name (Last, First, Middle Initial)

Mailing Address 5304 ROOSEVELT ST

City BETHESDA State MD Zip Code 20814

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : SA11AI.20432

Amount of Each Receipt this Period
 200.00

C. MR J. KERN HAMILTON
Full Name (Last, First, Middle Initial)

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City LOS GATOS State CA Zip Code 95032

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : SA11AI.19779

Amount of Each Receipt this Period
 450.00

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR J. KERN HAMILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 BLOSSOM HILL RD UNIT E324
 City LOS GATOS State CA Zip Code 95032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : SA11AI.19780
 Amount of Each Receipt this Period
 500.00

B. MR W HANKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N MOUNTAIN RD
 City JEFFERSON State ME Zip Code 04348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ARTIST
 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
 02 / 03 / 2014
Transaction ID : SA11AI.8936
 Amount of Each Receipt this Period
 250.00

C. MS BOBBYE HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 WINDSOR DR
 City CALHOUN State GA Zip Code 30701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 02 / 03 / 2014
Transaction ID : SA11AI.13261
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 33 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS BOBBYE HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 135 WINDSOR DR

City CALHOUN State GA Zip Code 30701

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

Name of Employer RETIRED Occupation RETIRED

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
03 / 26 / 2014

Transaction ID : SA11AI.20884

Amount of Each Receipt this Period
250.00

B. MRS WILMA HEARN
Full Name (Last, First, Middle Initial)

Mailing Address 148 S DOWLEN RD

City BEAUMONT State TX Zip Code 77706

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.23832

Amount of Each Receipt this Period
70.00

C. MRS WILMA HEARN
Full Name (Last, First, Middle Initial)

Mailing Address 148 S DOWLEN RD

City BEAUMONT State TX Zip Code 77706

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11AI.23830

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 34 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS WILMA HEARN
Full Name (Last, First, Middle Initial)

Mailing Address 148 S DOWLEN RD

City BEAUMONT	State TX	Zip Code 77706
------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
-------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.23831

Amount of Each Receipt this Period
140.00

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

Mailing Address 3322 SW REGATTA DR

City LEES SUMMIT	State MO	Zip Code 64082
---------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
-------------------------------------------	-------------------------------------

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
 03 / 27 / 2014

Transaction ID : SA11AI.23581

Amount of Each Receipt this Period
100.00

C. MRS BETTY J HEBERT
Full Name (Last, First, Middle Initial)

Mailing Address 78 NOZZLE DR

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
-------------------------------------------	-------------------------------------

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
 03 / 24 / 2014

Transaction ID : SA11AI.20134

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 35 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MRS EILEEN HEIM		Date of Receipt
Mailing Address 4920 SENTINEL DR APT 406		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
BETHESDA	MD	20816
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22286
Name of Employer	Occupation	Amount of Each Receipt this Period
HOMEMAKER	HOMEMAKER	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. MRS EILEEN HEIM		Date of Receipt
Mailing Address 4920 SENTINEL DR APT 406		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
BETHESDA	MD	20816
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22287
Name of Employer	Occupation	Amount of Each Receipt this Period
HOMEMAKER	HOMEMAKER	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) C. MR PAUL HICKERT		Date of Receipt
Mailing Address 13008 W SAN MIGUEL AVE		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
LITCHFIELD PARK	AZ	85340
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.21183
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. ELEANOR HILL
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 864

City JACKSON State MI Zip Code 49204

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : SA11AI.20317

Amount of Each Receipt this Period
 300.00

B. MRS FAYE HILL
Full Name (Last, First, Middle Initial)

Mailing Address 9515 ASPEN CIR

City SPANISH FORT State AL Zip Code 36527

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.18103

Amount of Each Receipt this Period
 250.00

C. CAPT TATNALL HILLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 504 W BLEEKER ST

City ASPEN State CO Zip Code 81611

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : SA11AI.5746

Amount of Each Receipt this Period
 20000.00

SUBTOTAL of Receipts This Page (optional).....▶	20550.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. CAPT TATNALL HILLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 W BLEEKER ST
 City ASPEN State CO Zip Code 81611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 27500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : SA11AI.19505
 Amount of Each Receipt this Period
 7500.00

B. MR ARTHUR HILSINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 JACKSON POND RD
 City DEDHAM State MA Zip Code 02026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2014
Transaction ID : SA11AI.8891
 Amount of Each Receipt this Period
 250.00

C. STEPHAN HOBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4963 BACOPA LN S UNIT 105
 City ST PETERSBURG State FL Zip Code 33715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 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
 02 / 18 / 2014
Transaction ID : SA11AI.15719
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 8250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS LOIS HODGSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5035 APPLCROSS RD
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : SA11AI.21020
 Amount of Each Receipt this Period
 100.00

B. MR WILLIAM HOSKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 E INDIA ROW APT 20A
 City BOSTON State MA Zip Code 02110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOSKINS & ASSOCIATES Occupation EXECUTIVE
 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
 03 / 04 / 2014
Transaction ID : SA11AI.21090
 Amount of Each Receipt this Period
 500.00

C. MISS WILMA HOWARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13300 INDIAN ROCKS RD APT 1504
 City LARGO State FL Zip Code 33774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11AI.18874
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS CHRISTINE HOWCROFT
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 FIRE TOWER RD
 City SOMERVILLE State TN Zip Code 38068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation TRUCK DRIVER
 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
 03 / 14 / 2014
Transaction ID : SA11AI.18928
 Amount of Each Receipt this Period
 200.00

B. NORMAN HUNTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 LEBEAU DR
 City MIDDLETON State MA Zip Code 01949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : SA11AI.23201
 Amount of Each Receipt this Period
 202.00

C. MARTHA EGGER JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1506 OLD RIVER CIR
 City SHREVEPORT State LA Zip Code 71105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 03 / 13 / 2014
Transaction ID : SA11AI.19324
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 552.00
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 40 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. RONALD JARVI
Full Name (Last, First, Middle Initial)

Mailing Address 257 SEABREEZE CIR

City JUPITER State FL Zip Code 33477

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : SA11AI.15399

Amount of Each Receipt this Period
 101.00

B. MS A JEANE JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 11020 S KEATING AVE APT 209

City OAK LAWN State IL Zip Code 60453

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : SA11AI.22089

Amount of Each Receipt this Period
 100.00

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

Mailing Address P.O. BOX 1144

City TROY State MT Zip Code 59935

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

Name of Employer CHLOR RID Occupation MARKETING

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
 02 / 12 / 2014
Transaction ID : SA11AI.24394

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	301.00
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 41 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR JOHN A KACUR
Full Name (Last, First, Middle Initial)

Mailing Address 9 TAMARACK LN

City LYON MOUNTAIN	State NY	Zip Code 12952
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : SA11AI.18543

Amount of Each Receipt this Period
300.00

B. MR JOHN A KACUR
Full Name (Last, First, Middle Initial)

Mailing Address 9 TAMARACK LN

City LYON MOUNTAIN	State NY	Zip Code 12952
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2014

Transaction ID : SA11AI.18542

Amount of Each Receipt this Period
100.00

C. MS SABINA KALINOWSKI
Full Name (Last, First, Middle Initial)

Mailing Address 2034 TALL MEADOW ST NE

City GRAND RAPIDS	State MI	Zip Code 49505
----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2014

Transaction ID : SA11AI.17150

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 42 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MISS LINDA KENDALL		Date of Receipt
Mailing Address 50 CLUB HOUSE RD		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
KEY LARGO	FL	33037
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4563
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JEANNE KENDIG		Date of Receipt
Mailing Address 136 BUTLER DR		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
PITTSFORD	NY	14534
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.9205
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="106.00"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="212.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR MIKE KIMBALL		Date of Receipt
Mailing Address 106 EDGEWATER DR		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEW IBERIA	LA	70563
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.22719
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
INFORMATION REQUESTED	INFORMATION REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1306.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MR LEONARD M KIRK		Date of Receipt
Mailing Address 6 HUNTER DR		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
BEL AIR	MD	21014
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9408
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="376.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="376.00"/>	

Full Name (Last, First, Middle Initial) B. MR WALTER H KLEINER		Date of Receipt
Mailing Address 1725 89TH PL NE		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
CLYDE HILL	WA	98004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19868
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. MRS HATTIE KNOWLTON		Date of Receipt
Mailing Address 8707 VALLEY RANCH PKWY W		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
IRVING	TX	75063
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.20111
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="926.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS SYLVIA KOSCIOLEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 12228 WOODLINE DR
 City FENTON State MI Zip Code 48430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.19053
 Amount of Each Receipt this Period
 150.00

B. MR CLARENCE LALIBETE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2712 E 5TH ST
 City DULUTH State MN Zip Code 55812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 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
 02 / 07 / 2014
Transaction ID : SA11AI.17912
 Amount of Each Receipt this Period
 500.00

C. MR ARTHUR C LATNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 CONVENT CT
 City SAN RAFAEL State CA Zip Code 94901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.20914
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
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 45 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. DR MERRITT LAWSON JR
Full Name (Last, First, Middle Initial)

Mailing Address 12415 PINE ST SW

City LAKEWOOD State WA Zip Code 98498

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

Name of Employer COVENANT BIBLE SEMINARY Occupation FOUNDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.21586

Amount of Each Receipt this Period
 200.00

B. MS ALICE O LEBEWOHL
Full Name (Last, First, Middle Initial)

Mailing Address 5500 CALLE REAL APT A-129

City SANTA BARBARA State CA Zip Code 93111

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : SA11AI.15573

Amount of Each Receipt this Period
 1000.00

C. MS ALICE O LEBEWOHL
Full Name (Last, First, Middle Initial)

Mailing Address 5500 CALLE REAL APT A-129

City SANTA BARBARA State CA Zip Code 93111

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : SA11AI.22302

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	3200.00
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 46 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS MARIE LESETH
Full Name (Last, First, Middle Initial)

Mailing Address 1401 CELEBRATION AVE APT 206

City KISSIMMEE	State FL	Zip Code 34747
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : SA11AI.22400

Amount of Each Receipt this Period
150.00

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

Mailing Address 1435 ELEPHANT RD

City PERKASIE	State PA	Zip Code 18944
------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2014

Transaction ID : SA11AI.18028

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1435 ELEPHANT RD

City PERKASIE	State PA	Zip Code 18944
------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2014

Transaction ID : SA11AI.23786

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2150.00
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 47 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS MARJORIE R LINDSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 10202 DUTCH IRIS DR
 City BAKERSFIELD State CA Zip Code 93311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : SA11AI.19729
 Amount of Each Receipt this Period: **100.00**

B. MR MAX D LINN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 945
 City FORT SUMNER State NM Zip Code 88119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **SELF-EMPLOYED** Occupation: **FARMER & RANCHER**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt: **01 / 16 / 2014**
Transaction ID : SA11AI.7373
 Amount of Each Receipt this Period: **300.00**

C. C LOYD
 Full Name (Last, First, Middle Initial)
 Mailing Address 843 MARTHA LN
 City SHREVEPORT State LA Zip Code 71104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **INFORMATION REQUESTED** Occupation: **INFORMATION REQUESTED**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt: **03 / 25 / 2014**
Transaction ID : SA11AI.22043
 Amount of Each Receipt this Period: **100.00**

SUBTOTAL of Receipts This Page (optional)..... **500.00**
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 48 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MR ROBERT E MALONE		Date of Receipt M M / D D / Y Y Y Y Y 01 / 21 / 2014 Transaction ID : SA11AI.5178
Mailing Address 18721 E BUCKSKIN DR P O BOX 32063		Amount of Each Receipt this Period 1000.00
City RIO VERDE	State AZ	Zip Code 85263
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MS JACQUELINE MAROOF		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2014 Transaction ID : SA11AI.21007
Mailing Address 294 WESTVIEW TER		Amount of Each Receipt this Period 200.00
City ARLINGTON	State TX	Zip Code 76013
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. KENNETH A MARSHALL		Date of Receipt M M / D D / Y Y Y Y Y 02 / 18 / 2014 Transaction ID : SA11AI.16927
Mailing Address 125 COOLIDGE AVE		Amount of Each Receipt this Period 250.00
City WATERTOWN	State MA	Zip Code 02472
FEC ID number of contributing federal political committee.	C	
Name of Employer SELF-EMPLOYED	Occupation PLASTIC SURGEON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 49 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. FR CHARLES MARTIN
Full Name (Last, First, Middle Initial)
Mailing Address 220 COLUMBIA ST
City JOHNSTOWN State PA Zip Code 15905
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt
03 / 05 / 2014
Transaction ID : SA11AI.18574
Amount of Each Receipt this Period
150.00

B. MS PATRICIA MARTIN
Full Name (Last, First, Middle Initial)
Mailing Address 110 3RD AVE N APT 303
City EDMONDS State WA Zip Code 98020
FEC ID number of contributing federal political committee. **C**
Name of Employer FRANK J. MARTIN COMPANY Occupation SECRETARY/TREASURER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt
03 / 06 / 2014
Transaction ID : SA11AI.19886
Amount of Each Receipt this Period
500.00

C. MR LOUIS D MAYER
Full Name (Last, First, Middle Initial)
Mailing Address 2077 US HIGHWAY 89 N
City WHITE SULPHUR SPRINGS State MT Zip Code 59645
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt
03 / 13 / 2014
Transaction ID : SA11AI.19170
Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... **730.00**
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 50 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS ALMA MEDSKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2620 CHUCKEY PIKE
 City CHUCKEY State TN Zip Code 37641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : SA11AI.19225
 Amount of Each Receipt this Period
 200.00

B. ROBERT MERCER
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 ROUTE 25A
 City EAST SETAUCKET State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RENNASSAINCE TECHNOLOGIES Occupation FINANCIAL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : SA11AI.24288
 Amount of Each Receipt this Period
 120000.00

C. MR WILLIAM E MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 W GOVERNORS TRCE
 City ECKERTY State IN Zip Code 47116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : SA11AI.22554
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120350.00
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 51 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS JEANNE MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 555 SPRING CANYON RD

City DOUGLAS	State WY	Zip Code 82633
-----------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2014
Transaction ID : SA11AI.21535

Amount of Each Receipt this Period
 250.00

B. MR BRIAN MORTENSON
Full Name (Last, First, Middle Initial)

Mailing Address 1925 75TH AVE

City DRESSER	State WI	Zip Code 54009
-----------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : SA11AI.20559

Amount of Each Receipt this Period
 400.00

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

Mailing Address 326 HILLSIDE ROAD

City FAIRFIELD	State CT	Zip Code 06824
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation CONSULTANT
-----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2014
Transaction ID : SA11AI.24295

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3150.00
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 52 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MR BJORN NIELSEN		Date of Receipt
Mailing Address 10001 S OSWEGO ST APT 309		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
PARKER	CO	80134
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.23073
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED	INFORMATION REQUESTED	<input type="text" value="170.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="245.00"/>	

Full Name (Last, First, Middle Initial) B. MR GEORGE H NILSEN		Date of Receipt
Mailing Address 117 BREEZY PT		<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
EUSTIS	FL	32726
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5753
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. MR LAURANCE B NILSEN		Date of Receipt
Mailing Address 7140 E BRONCO DR		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
PARADISE VALLEY	AZ	85253
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14049
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1170.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 53 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS LOIS O'NEILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 29250 W 10 MILE RD APT 12
 City State Zip Code
 FARMINGTN HLS MI 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.20327
 Amount of Each Receipt this Period
 100.00

B. MR ANDREW J OLEKSY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 MARLTON PIKE E
 City State Zip Code
 CHERRY HILL NJ 08034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED INFORMATION REQUESTED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.21251
 Amount of Each Receipt this Period
 140.00

C. NICHOLAS PEAY JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2965 FAIRMOUNT BLVD
 City State Zip Code
 CLEVELAND HEIGHTS OH 44118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ENTREPRENEUR ENTREPRENEUR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014
Transaction ID : SA11AI.18959
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00
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 54 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. RICHARD PILAND
Full Name (Last, First, Middle Initial)

Mailing Address 7205 GOLD NUGGET DRIVE

City NIWOT	State CO	Zip Code 80503
---------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2014
Transaction ID : SA11AI.24375

Amount of Each Receipt this Period
 100.00

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

Mailing Address 6 BROAD RD

City GREENWICH	State CT	Zip Code 06830
-------------------	-------------	-------------------

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

Name of Employer MERRILL LYNCH	Occupation MANAGING DIRECTOR
-----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2014
Transaction ID : SA11AI.24297

Amount of Each Receipt this Period
 5000.00

C. CHARLES E POUST
Full Name (Last, First, Middle Initial)

Mailing Address 100 BAY POINT DR

City DADEVILLE	State AL	Zip Code 36853
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.21677

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	5300.00
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 55 OF 114
<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 FOR AMERICA

A. MRS MARJORIE ELWOOD POWELL
Full Name (Last, First, Middle Initial)
Mailing Address 265 S WASHINGTON ST
City CONSTANTINE State MI Zip Code 49042
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014
Transaction ID : SA11AI.19066
Amount of Each Receipt this Period
75.00

B. MRS MARJORIE ELWOOD POWELL
Full Name (Last, First, Middle Initial)
Mailing Address 265 S WASHINGTON ST
City CONSTANTINE State MI Zip Code 49042
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014
Transaction ID : SA11AI.19067
Amount of Each Receipt this Period
140.00

C. MR FRANK PYLE
Full Name (Last, First, Middle Initial)
Mailing Address 1035 N DAIRY ASHFORD RD #154
City HOUSTON State TX Zip Code 77079
FEC ID number of contributing federal political committee. C
Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014
Transaction ID : SA11AI.19431
Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 365.00
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 56 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS CLAIRE RAINS
Full Name (Last, First, Middle Initial)

Mailing Address 420 41ST AVE

City SAN FRANCISCO State CA Zip Code 94121

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

Name of Employer RETIRED Occupation RETIRED

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
 02 / 21 / 2014
Transaction ID : SA11AI.11799

Amount of Each Receipt this Period
 150.00

B. MISS MARIAN A RAVEL
Full Name (Last, First, Middle Initial)

Mailing Address 512 E BUTLER DR

City PHOENIX State AZ Zip Code 85020

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : SA11AI.20792

Amount of Each Receipt this Period
 100.00

C. MR H CARL RECKNAGEL
Full Name (Last, First, Middle Initial)

Mailing Address 375 STATE ROAD 67 APT 258

City DOUSMAN State WI Zip Code 53118

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2014
Transaction ID : SA11AI.19177

Amount of Each Receipt this Period
 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. ELIZABETH RESNIK
Full Name (Last, First, Middle Initial)

Mailing Address 635 S PARK CENTRE AVE APT 1221

City GREEN VALLEY	State AZ	Zip Code 85614
----------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
-------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2014

Transaction ID : SA11AI.13539

Amount of Each Receipt this Period
1000.00

B. MR ROBERT RICHARDSON
Full Name (Last, First, Middle Initial)

Mailing Address 1822 VENUS CIR

City BILLINGS	State MT	Zip Code 59105
------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
-------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Transaction ID : SA11AI.19164

Amount of Each Receipt this Period
150.00

C. MR ROBERT RICHARDSON
Full Name (Last, First, Middle Initial)

Mailing Address 1822 VENUS CIR

City BILLINGS	State MT	Zip Code 59105
------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
-------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2014

Transaction ID : SA11AI.19165

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 58 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR RICHARD RITER
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 347

City NEW ELLENTON State SC Zip Code 29809

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2014
Transaction ID : SA11AI.8289

Amount of Each Receipt this Period
 225.00

B. KENNETH L ROLFE
Full Name (Last, First, Middle Initial)

Mailing Address 301 SE FOUNDATION DR

City DALLAS State OR Zip Code 97338

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : SA11AI.15593

Amount of Each Receipt this Period
 200.00

C. KENNETH L ROLFE
Full Name (Last, First, Middle Initial)

Mailing Address 301 SE FOUNDATION DR

City DALLAS State OR Zip Code 97338

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : SA11AI.22320

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00

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 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. KENNETH L ROLFE
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 SE FOUNDATION DR
 City DALLAS State OR Zip Code 97338
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 24 / 2014
Transaction ID : SA11AI.22319
 Amount of Each Receipt this Period 300.00

B. MR CHARLES L ROMERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8160 CROW CANYON RD
 City CASTRO VALLEY State CA Zip Code 94552
 FEC ID number of contributing federal political committee. C
 Name of Employer RODAK PLASTICS INC Occupation MOLD MAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 02 / 04 / 2014
Transaction ID : SA11AI.11413
 Amount of Each Receipt this Period 251.00

C. JUDITH F RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 3302
 City SOLDOTNA State AK Zip Code 99669
 FEC ID number of contributing federal political committee. C
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2014
Transaction ID : SA11AI.20872
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 801.00
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 60 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR WILLIAM H RUTLEDGE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5109 MADISON CREEK DR
 City State Zip Code
 FORT COLLINS CO 80528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : SA11AI.10955
 Amount of Each Receipt this Period
 100.00

B. MRS STANLEY SAIZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3720 N LINCOLN TRL
 City State Zip Code
 PLEASANT PLAINS IL 62677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED INFORMATION REQUESTED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11AI.23316
 Amount of Each Receipt this Period
 130.00

C. JUANITA SARACOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 11750 TULIP ST NW APT 203
 City State Zip Code
 COON RAPIDS MN 55433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : SA11AI.13509
 Amount of Each Receipt this Period
 51.00

SUBTOTAL of Receipts This Page (optional).....▶	281.00
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 61 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR ROGER L SCHALLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 46836 CREEKVIEW CT
 City State Zip Code
 MACOMB MI 48044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SCHALLER TOOL & DIE CO. MANAGEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2014
Transaction ID : SA11AI.4706
 Amount of Each Receipt this Period
 500.00

B. MR DON SCHROEDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4515 MUIR AVE
 City State Zip Code
 SAN DIEGO CA 92107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014
Transaction ID : SA11AI.13059
 Amount of Each Receipt this Period
 50.00

C. MRS LUCILLE SCHUMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 N 177TH WEST AVE
 City State Zip Code
 SAND SPRINGS OK 74063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.19357
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 62 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MR WHITNEY SCULLY		Date of Receipt MM / DD / YYYY 02 / 20 / 2014 Transaction ID : SA11AI.16140
Mailing Address 4440 GRATTAN PRICE DR APT 2		Amount of Each Receipt this Period 200.00
City HARRISONBURG	State VA	Zip Code 22801
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED	Occupation RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MR WHITNEY SCULLY		Date of Receipt MM / DD / YYYY 03 / 10 / 2014 Transaction ID : SA11AI.22676
Mailing Address 4440 GRATTAN PRICE DR APT 2		Amount of Each Receipt this Period 400.00
City HARRISONBURG	State VA	Zip Code 22801
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED	Occupation RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. ANDY SEIG		Date of Receipt MM / DD / YYYY 01 / 30 / 2014 Transaction ID : SA11AI.24293
Mailing Address 269 ROUND HILL RD		Amount of Each Receipt this Period 10000.00
City GREENWICH	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C	Name of Employer BANK OF AMERICA/MERYL LYNCH	Occupation EXECUTIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional).....▶	10600.00
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 63 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. STEVEN J SEWELL
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2460

City SEGUIN State TX Zip Code 78156

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.21538

Amount of Each Receipt this Period
 100.00

B. MR HERBERT SIEGEL
Full Name (Last, First, Middle Initial)

Mailing Address 190 E 72ND ST

City NEW YORK State NY Zip Code 10021

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.9065

Amount of Each Receipt this Period
 10000.00

C. MR JOE SKLUZACEK
Full Name (Last, First, Middle Initial)

Mailing Address 6745 HALSTAD AVE

City LONSDALE State MN Zip Code 55046

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.22139

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	10500.00
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 64 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. LT ROBERT SMILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 PRIVATE ROAD 6701
 City AVINGER State TX Zip Code 75630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US MILITARY Occupation OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : SA11AI.20118
 Amount of Each Receipt this Period
 75.00

B. MRS ELENOR SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 BREEZY HILL RD
 City COLLINSVILLE State CT Zip Code 06019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2014
Transaction ID : SA11AI.7041
 Amount of Each Receipt this Period
 250.00

C. MRS ELENOR SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 BREEZY HILL RD
 City COLLINSVILLE State CT Zip Code 06019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 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
 02 / 24 / 2014
Transaction ID : SA11AI.14548
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
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 65 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS HELEN SMITH
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 221051

City SAINT LOUIS State MO Zip Code 63122

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2014

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period
1000.00

B. MS HELEN SMITH
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 221051

City SAINT LOUIS State MO Zip Code 63122

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.10547

Amount of Each Receipt this Period
1000.00

C. MRS JEANNE SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1240 BRICKLEY RD

City EUGENE State OR Zip Code 97401

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.21685

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	2050.00
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 66 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS MABELLE SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 8554 MISSION GORGE RD SPC 224
 City State Zip Code
 SANTEE CA 92071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 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
 03 / 06 / 2014
Transaction ID : SA11AI.19665
 Amount of Each Receipt this Period
 500.00

B. MR WAYNE SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 186 N WAVERLY PL
 City State Zip Code
 KENNEWICK WA 99336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 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
 03 / 04 / 2014
Transaction ID : SA11AI.21518
 Amount of Each Receipt this Period
 500.00

C. JOHN SMITHERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 TISHIMINGO TRCE
 City State Zip Code
 CHEROKEE VILLAGE AR 72529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED INFORMATION REQUESTED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : SA11AI.21113
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
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 67 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. SAM H STEPHENS
Full Name (Last, First, Middle Initial)

Mailing Address 2703 34TH ST

City State Zip Code
SNYDER TX 79549

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014
Transaction ID : SA11AI.23278

Amount of Each Receipt this Period
100.00

B. MR DANTE STEPPERSEN
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 550509

City State Zip Code
ATLANTA GA 30355

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
02 / 24 / 2014
Transaction ID : SA11AI.18295

Amount of Each Receipt this Period
500.00

C. MRS RUTH L SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 1851 NE 108TH AVE

City State Zip Code
PORTLAND OR 97220

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2014
Transaction ID : SA11AI.13274

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 68 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MRS ALICE SUMIDA
Full Name (Last, First, Middle Initial)

Mailing Address 2309 SW 1ST AVE APT 1545

City PORTLAND	State OR	Zip Code 97201
------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation 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
 02 / 03 / 2014
Transaction ID : SA11Al.11756

Amount of Each Receipt this Period
1000.00

B. MRS GLORIA THEODOROFF
Full Name (Last, First, Middle Initial)

Mailing Address 41360 FOX RUN APT 520

City NOVI	State MI	Zip Code 48377
--------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2014
Transaction ID : SA11Al.10191

Amount of Each Receipt this Period
201.00

C. MRS GLORIA THEODOROFF
Full Name (Last, First, Middle Initial)

Mailing Address 41360 FOX RUN APT 520

City NOVI	State MI	Zip Code 48377
--------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : SA11Al.10190

Amount of Each Receipt this Period
51.00

SUBTOTAL of Receipts This Page (optional).....▶	1252.00
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 69 OF 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS HELEN TIERNAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15735 DAWN CRST
 City SAN ANTONIO State TX Zip Code 78248
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED Occupation 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
 03 / 25 / 2014
Transaction ID : SA11AI.22619
 Amount of Each Receipt this Period
 400.00

B. MRS MARINA TIMMERANS SR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 MAIN ST
 City LYNDEN State WA Zip Code 98264
 FEC ID number of contributing federal political committee. C
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 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
 03 / 24 / 2014
Transaction ID : SA11AI.22432
 Amount of Each Receipt this Period
 75.00

C. MS SUSAN TITTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 OAKCREST CT
 City HOLMDEL State NJ Zip Code 07733
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED Occupation 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
 03 / 12 / 2014
Transaction ID : SA11AI.20389
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS SUSAN TITTA
Full Name (Last, First, Middle Initial)
Mailing Address 7 OAKCREST CT

City HOLMDEL	State NJ	Zip Code 07733
-----------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.20390

Amount of Each Receipt this Period
400.00

B. BETTY TUDOR
Full Name (Last, First, Middle Initial)
Mailing Address 1820 NORTHSHIRE DR

City LANCASTER	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2014

Transaction ID : SA11AI.13696

Amount of Each Receipt this Period
120.00

C. BETTY TUDOR
Full Name (Last, First, Middle Initial)
Mailing Address 1820 NORTHSHIRE DR

City LANCASTER	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2014

Transaction ID : SA11AI.21149

Amount of Each Receipt this Period
230.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 71 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR JACK E TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2326 SW 122ND ST
 City OKLAHOMA CITY State OK Zip Code 73170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : SA11AI.19354
 Amount of Each Receipt this Period
 200.00

B. MR VICTOR V VANDAMME
 Full Name (Last, First, Middle Initial)
 Mailing Address 5113 PATRICIA AVE
 City LAS VEGAS State NV Zip Code 89130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 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
 02 / 24 / 2014
Transaction ID : SA11AI.11347
 Amount of Each Receipt this Period
 200.00

C. MR GEORGE T VAN PELT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5460 PELT RD
 City CENTURY State FL Zip Code 32535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2014
Transaction ID : SA11AI.21241
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	475.00
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 72 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MR LAN WANG
Full Name (Last, First, Middle Initial)

Mailing Address 621 BLANDFORD ST

City ROCKVILLE State MD Zip Code 20850

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

Name of Employer POTOMAC VALLEY NURSING FAC. Occupation CORPORATION ZN PERSONAL

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
 02 / 24 / 2014
Transaction ID : SA11AI.14712

Amount of Each Receipt this Period
 500.00

B. MRS ANNIE WEEKS
Full Name (Last, First, Middle Initial)

Mailing Address 3411 ROCK LN

City IRONDALE State AL Zip Code 35210

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.20406

Amount of Each Receipt this Period
 75.00

C. MR HERBERT H WELDON
Full Name (Last, First, Middle Initial)

Mailing Address 1827M N 21ST ST

City GRAND JUNCTION State CO Zip Code 81501

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014
Transaction ID : SA11AI.11697

Amount of Each Receipt this Period
 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MR HERBERT H WELDON		Date of Receipt MM / DD / YYYY 03 / 11 / 2014 Transaction ID : SA11AI.19920
Mailing Address 1827M N 21ST ST		Amount of Each Receipt this Period 150.00
City GRAND JUNCTION	State CO	Zip Code 81501
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. MS BETTY WHITEHEAD		Date of Receipt MM / DD / YYYY 02 / 07 / 2014 Transaction ID : SA11AI.14614
Mailing Address 5273 HILLDALE RD		Amount of Each Receipt this Period 225.00
City ALEXANDER	State AR	Zip Code 72002
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MR SAMUEL WIEGAND		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : SA11AI.5156
Mailing Address 6584 CHAMPETRE CT		Amount of Each Receipt this Period 500.00
City RENO	State NV	Zip Code 89511
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	875.00
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 74 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS RUTH WIEGMAN
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 43

City CHATFIELD State OH Zip Code 44825

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : SA11AI.22610

Amount of Each Receipt this Period
 100.00

B. MR JOHN I WILLIAMS JR
Full Name (Last, First, Middle Initial)

Mailing Address 166 W ALEXANDER PALM RD

City BOCA RATON State FL Zip Code 33432

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

Name of Employer WAG Occupation AUTO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : SA11AI.6793

Amount of Each Receipt this Period
 1000.00

C. MS BETTY B WINTERS
Full Name (Last, First, Middle Initial)

Mailing Address 1635 HILL CROSSING CT

City GRAYSON State GA Zip Code 30017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : SA11AI.20874

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	1135.00
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 75 OF 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

A. MS ELEANOR WOOD
Full Name (Last, First, Middle Initial)

Mailing Address 1742 W AVENIDA DE MAXIMILLIAN

City TUCSON State AZ Zip Code 85704

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : SA11AI.20215

Amount of Each Receipt this Period
 100.00

B. MR PIERS WOODRIF
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 503

City SOMERSET State VA Zip Code 22972

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : SA11AI.21901

Amount of Each Receipt this Period
 100.00

C. XTREME CONCEPTS INC
Full Name (Last, First, Middle Initial)

Mailing Address 2107 5TH AVE N

City BIRMINGHAM State AL Zip Code 35203

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : SA11AI.24301

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5200.00

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 76 OF 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial) A. MR JOHN ZIEGLER		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : SA11AI.13151
Mailing Address 515 GRACE TER		Amount of Each Receipt this Period 250.00
City NEW OXFORD	State PA	Zip Code 17350
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 350.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR ELO E ZINKE		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 Transaction ID : SA11AI.17568
Mailing Address 2582 COUNTY ROAD 1596		Amount of Each Receipt this Period 2500.00
City AVINGER	State TX	Zip Code 75630
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2500.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	271177.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ACCULINK

Mailing Address 1055 GREENVILLE BLVD SW

City GREENVILLE State NC Zip Code 27833-0080

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : SB21B.24481

Amount of Each Disbursement this Period

1401.20

Full Name (Last, First, Middle Initial)

B. ACCULINK

Mailing Address 1055 GREENVILLE BLVD SW

City GREENVILLE State NC Zip Code 27833-0080

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : SB21B.24482

Amount of Each Disbursement this Period

1679.60

Full Name (Last, First, Middle Initial)

C. ACCULINK

Mailing Address 1055 GREENVILLE BLVD SW

City GREENVILLE State NC Zip Code 27833-0080

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : SB21B.24483

Amount of Each Disbursement this Period

500.00

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

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

3580.80

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ACCULINK

Mailing Address 1055 GREENVILLE BLVD SW

City GREENVILLE State NC Zip Code 27833-0080

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SB21B.24484

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. BASE CONNECT, INC.

Mailing Address 1155 - 15TH ST, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2014

Transaction ID : SB21B.24490

Amount of Each Disbursement this Period

3414.31

Full Name (Last, First, Middle Initial)

C. BASE CONNECT, INC.

Mailing Address 1155 - 15TH ST, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2014

Transaction ID : SB21B.24491

Amount of Each Disbursement this Period

10618.08

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

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

14632.39

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BASE CONNECT, INC.

Mailing Address 1155 - 15TH ST, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : SB21B.24492

Amount of Each Disbursement this Period

2019.60

Full Name (Last, First, Middle Initial)

B. BASE CONNECT, INC.

Mailing Address 1155 - 15TH ST, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : SB21B.24493

Amount of Each Disbursement this Period

10020.05

Full Name (Last, First, Middle Initial)

C. BATTLEPLAN STRATEGIES

Mailing Address 732 MALTA AVE EXT

City BALLSTON SPA State NY Zip Code 12020

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : SB21B.24495

Amount of Each Disbursement this Period

20000.00

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

32039.65

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BATTLEPLAN STRATEGIES

Mailing Address 732 MALTA AVE EXT

City BALLSTON SPA State NY Zip Code 12020

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : SB21B.24496

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. BATTLEPLAN STRATEGIES

Mailing Address 732 MALTA AVE EXT

City BALLSTON SPA State NY Zip Code 12020

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2014

Transaction ID : SB21B.24497

Amount of Each Disbursement this Period

119.09

Full Name (Last, First, Middle Initial)

C. BATTLEPLAN STRATEGIES

Mailing Address 732 MALTA AVE EXT

City BALLSTON SPA State NY Zip Code 12020

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2014

Transaction ID : SB21B.24498

Amount of Each Disbursement this Period

10000.00

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

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

25119.09

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BEST BUY

Mailing Address 3062 NEW YORK 50

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2014

Transaction ID : SB21B.24500

Amount of Each Disbursement this Period

315.63

Full Name (Last, First, Middle Initial)

B. BOWDITCH AND DEWEY

Mailing Address ONE INTERNATIONAL PLACE
44TH FLOOR

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2014

Transaction ID : SB21B.24502

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

C. BOWDITCH AND DEWEY

Mailing Address ONE INTERNATIONAL PLACE
44TH FLOOR

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2014

Transaction ID : SB21B.24503

Amount of Each Disbursement this Period

3587.00

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

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

4552.63

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CAPITOL CAGING CORPORATION

Mailing Address 504 SHAW ROAD
SUITE 217

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 02 / 2014

Transaction ID : SB21B.24510

Amount of Each Disbursement this Period

1889.43

Full Name (Last, First, Middle Initial)

B. CAPITOL CAGING CORPORATION

Mailing Address 504 SHAW ROAD
SUITE 217

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 12 / 2014

Transaction ID : SB21B.24511

Amount of Each Disbursement this Period

560.94

Full Name (Last, First, Middle Initial)

C. CAPITOL CAGING CORPORATION

Mailing Address 504 SHAW ROAD
SUITE 217

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SB21B.24512

Amount of Each Disbursement this Period

748.00

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

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

3198.37

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : SB21B.24514

Amount of Each Disbursement this Period

4516.57

Category/
Type

Full Name (Last, First, Middle Initial)

B. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : SB21B.24515

Amount of Each Disbursement this Period

1333.82

Category/
Type

Full Name (Last, First, Middle Initial)

C. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : SB21B.24516

Amount of Each Disbursement this Period

24020.12

Category/
Type

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

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

29870.51

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2014

Transaction ID : SB21B.24517

Amount of Each Disbursement this Period

67.75

Full Name (Last, First, Middle Initial)

B. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : SB21B.24518

Amount of Each Disbursement this Period

3119.68

Full Name (Last, First, Middle Initial)

C. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : SB21B.24519

Amount of Each Disbursement this Period

14399.63

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

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

17587.06

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			06			2014			

Transaction ID : SB21B.24520

Amount of Each Disbursement this Period

24886.52

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			02			2014			

Transaction ID : SB21B.24524

Amount of Each Disbursement this Period

29854.93

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			09			2014			

Transaction ID : SB21B.24525

Amount of Each Disbursement this Period

3950.02

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

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

58691.47

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2014

Mailing Address 504 SHAW ROAD
SUITE 206

Transaction ID : SB21B.24526

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

17945.32

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

Mailing Address 504 SHAW ROAD
SUITE 206

Transaction ID : SB21B.24527

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

5773.04

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

Mailing Address 504 SHAW ROAD
SUITE 206

Transaction ID : SB21B.24528

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

9623.92

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

33342.28

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.24529

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.24530

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.24531

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial) A. CONSOLIDATED MAILING SERVICES		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 504 SHAW ROAD SUITE 206		Transaction ID : SB21B.24532
City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period 7459.16	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CONSOLIDATED MAILING SERVICES		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 504 SHAW ROAD SUITE 206		Transaction ID : SB21B.24533
City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period 831.44	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CONSOLIDATED MAILING SERVICES		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 504 SHAW ROAD SUITE 206		Transaction ID : SB21B.24534
City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period 13173.67	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	21464.27
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : SB21B.24535

Amount of Each Disbursement this Period

14260.00

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : SB21B.24536

Amount of Each Disbursement this Period

16120.54

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : SB21B.24537

Amount of Each Disbursement this Period

5997.03

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

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

36377.57

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DONORBUREAU

Mailing Address 900 NORTH CULPEPER STREET

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 02 / 2014

Transaction ID : SB21B.24539

Amount of Each Disbursement this Period

761.45

Full Name (Last, First, Middle Initial)

B. DONORBUREAU

Mailing Address 900 NORTH CULPEPER STREET

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 09 / 2014

Transaction ID : SB21B.24540

Amount of Each Disbursement this Period

428.72

Full Name (Last, First, Middle Initial)

C. DONORBUREAU

Mailing Address 900 NORTH CULPEPER STREET

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 25 / 2014

Transaction ID : SB21B.24541

Amount of Each Disbursement this Period

728.40

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

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

1918.57

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FACEBOOK, INC

Mailing Address 1601 WILLOW ROAD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
01 / 09 / 2014

Transaction ID : SB21B.24543

Amount of Each Disbursement this Period

751.27

Full Name (Last, First, Middle Initial)

B. FACEBOOK, INC

Mailing Address 1601 WILLOW ROAD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
02 / 18 / 2014

Transaction ID : SB21B.24544

Amount of Each Disbursement this Period

460.00

Full Name (Last, First, Middle Initial)

C. FACEBOOK, INC

Mailing Address 1601 WILLOW ROAD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
03 / 14 / 2014

Transaction ID : SB21B.24545

Amount of Each Disbursement this Period

169.92

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

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

1381.19

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ERIC FEHRNSTROM

Mailing Address 675 VFW PARKWAY

City CHESTNUT HILL State MA Zip Code 02467

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2014

Transaction ID : SB21B.24673

Amount of Each Disbursement this Period

5500.00

Full Name (Last, First, Middle Initial)

B. ERIC FEHRNSTROM

Mailing Address 675 VFW PARKWAY

City CHESTNUT HILL State MA Zip Code 02467

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2014

Transaction ID : SB21B.24674

Amount of Each Disbursement this Period

5500.00

Full Name (Last, First, Middle Initial)

C. ERIC FEHRNSTROM

Mailing Address 675 VFW PARKWAY

City CHESTNUT HILL State MA Zip Code 02467

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : SB21B.24675

Amount of Each Disbursement this Period

5500.00

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

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

16500.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 02 / 2014

Transaction ID : SB21B.24548

Amount of Each Disbursement this Period

200.14

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 06 / 2014

Transaction ID : SB21B.24549

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 07 / 2014

Transaction ID : SB21B.24550

Amount of Each Disbursement this Period

52.25

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

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

287.39

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 10 / 2014

Transaction ID : SB21B.24551

Amount of Each Disbursement this Period

206.27

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SB21B.24552

Amount of Each Disbursement this Period

13.14

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 03 / 2014

Transaction ID : SB21B.24553

Amount of Each Disbursement this Period

332.00

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

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

551.41

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : SB21B.24554

Amount of Each Disbursement this Period

52.75

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2014

Transaction ID : SB21B.24555

Amount of Each Disbursement this Period

264.54

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2014

Transaction ID : SB21B.24556

Amount of Each Disbursement this Period

35.00

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

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

352.29

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 25 / 2014

Transaction ID : SB21B.24557

Amount of Each Disbursement this Period: 20.00

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2014

Transaction ID : SB21B.24558

Amount of Each Disbursement this Period: 92.19

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2014

Transaction ID : SB21B.24559

Amount of Each Disbursement this Period: 596.98

SUBTOTAL of Disbursements This Page (optional)..... ▶ 709.17

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 Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : SB21B.24560

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SB21B.24561

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SB21B.24562

Amount of Each Disbursement this Period

1001.66

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

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

1101.66

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SB21B.24563

Amount of Each Disbursement this Period

163.75

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : SB21B.24564

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SB21B.24565

Amount of Each Disbursement this Period

100.00

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

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

343.75

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SB21B.24566

Amount of Each Disbursement this Period

291.86

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City State Zip Code
MOUNTAIN VIEW CA 94043

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : SB21B.24571

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. INTEGRAM

Mailing Address 22695 COMMERCE CENTER COURT

City State Zip Code
DULLES VA 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2014

Transaction ID : SB21B.24573

Amount of Each Disbursement this Period

8621.44

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

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

8938.30

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. INTEGRAM

Mailing Address 22695 COMMERCE CENTER COURT

City DULLES State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2014

Transaction ID : SB21B.24574

Amount of Each Disbursement this Period

28585.26

Full Name (Last, First, Middle Initial)

B. LEGACY LISTS, INC.

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : SB21B.24576

Amount of Each Disbursement this Period

4655.24

Full Name (Last, First, Middle Initial)

C. LEGACY LISTS, INC.

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : SB21B.24577

Amount of Each Disbursement this Period

2610.54

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

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

35851.04

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LEGACY LISTS, INC.

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : **SB21B.24578**

Amount of Each Disbursement this Period

3072.83

Full Name (Last, First, Middle Initial)

B. LEGACY LISTS, INC.

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : **SB21B.24579**

Amount of Each Disbursement this Period

383.33

Full Name (Last, First, Middle Initial)

C. LEGACY LISTS, INC.

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : **SB21B.24580**

Amount of Each Disbursement this Period

900.00

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

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

4356.16

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PIRYX INC

Mailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.24613

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PIRYX INC

Mailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.24614

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PIRYX INC

Mailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.24615

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PIRYX INC

Mailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : SB21B.24616

Amount of Each Disbursement this Period

1.13

Full Name (Last, First, Middle Initial)

B. PIRYX INC

Mailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : SB21B.24617

Amount of Each Disbursement this Period

1.58

Full Name (Last, First, Middle Initial)

C. PIRYX INC

Mailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2014

Transaction ID : SB21B.24618

Amount of Each Disbursement this Period

2.25

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

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

4.96

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PRINT & GRAPHICS GROUP

Mailing Address 12 FIRE ROAD

City CLIFTON PARK State NY Zip Code 12065

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.24620

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. RADIO ACTIVE BROADCASTING

Mailing Address 1315 BUENA VISTA DRIVE

City VISTA State CA Zip Code 92081

Purpose of Disbursement
MEDIA PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.24622

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. RADIO ACTIVE BROADCASTING

Mailing Address 1315 BUENA VISTA DRIVE

City VISTA State CA Zip Code 92081

Purpose of Disbursement
MEDIA PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.24623

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : SB21B.24625

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : SB21B.24626

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. SCM ASSOCIATES

Mailing Address 1281 MAIN STREET

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2014

Transaction ID : SB21B.24628

Amount of Each Disbursement this Period

350.00

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

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

6350.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SCM ASSOCIATES

Mailing Address 1281 MAIN STREET

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2014

Transaction ID : SB21B.24629

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. SCM ASSOCIATES

Mailing Address 1281 MAIN STREET

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : SB21B.24630

Amount of Each Disbursement this Period

876.75

Full Name (Last, First, Middle Initial)

C. SIMPKINS ESCROW LLC

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2014

Transaction ID : SB21B.24632

Amount of Each Disbursement this Period

377.05

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

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

1653.80

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW LLC

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : SB21B.24633

Amount of Each Disbursement this Period

167.65

Full Name (Last, First, Middle Initial)

B. SIMPKINS ESCROW LLC

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : SB21B.24634

Amount of Each Disbursement this Period

485.65

Full Name (Last, First, Middle Initial)

C. TARA THOMAS DESIGN

Mailing Address 2540 ROUTE 9

City MALTA State NY Zip Code 12020

Purpose of Disbursement
WEB DEVELOPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2014

Transaction ID : SB21B.24640

Amount of Each Disbursement this Period

1800.00

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

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

2453.30

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TARA THOMAS DESIGN

Mailing Address 2540 ROUTE 9

City MALTA State NY Zip Code 12020

Purpose of Disbursement
WEB DEVELOPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.24641

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. TARA THOMAS DESIGN

Mailing Address 2540 ROUTE 9

City MALTA State NY Zip Code 12020

Purpose of Disbursement
WEB DEVELOPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.24642

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. THE MERRY MONK OF SARATOGA

Mailing Address 84 HENRY STREET

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.24644

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 FOR AMERICA

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES, INC

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2014

Transaction ID : SB21B.24667

Amount of Each Disbursement this Period

669.00

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES, INC

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2014

Transaction ID : SB21B.24668

Amount of Each Disbursement this Period

15.98

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES, INC

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2014

Transaction ID : SB21B.24669

Amount of Each Disbursement this Period

25.00

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

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

709.98

388994.20

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
SPECIAL OPERATIONS FOR AMERICA
FEC IDENTIFICATION NUMBER
C C00523241
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
BOSTON PRODUCTIONS
Mailing Address
290 VANDERBILT AVE
#1
City
NORWOOD State
MA Zip Code
02062
Purpose of Expenditure
VIDEO PRODUCTION SERVICES
Category/Type
Name of Federal Candidate
RYAN K ZINKE
Support
Office Sought: House District: 01
State: MT
Calendar Year-To-Date
Per Election for Office Sought
7950.00

Date of Public Distribution/Dissemination
01 / 03 / 2014
Amount
7950.00
Transaction ID : SE.24676
Date of Disbursement or Obligation
01 / 03 / 2014
Disbursement For: Primary
General
Other (specify)

Full Name of Payee
BOSTON PRODUCTIONS
Mailing Address
290 VANDERBILT AVE
#1
City
NORWOOD State
MA Zip Code
02062
Purpose of Expenditure
MEDIA PLACEMENT FEES
Category/Type
Name of Federal Candidate
RYAN K ZINKE
Support
Office Sought: House District: 01
State: MT
Calendar Year-To-Date
Per Election for Office Sought
9056.00

Date of Public Distribution/Dissemination
01 / 03 / 2014
Amount
1106.00
Transaction ID : SE.24679
Date of Disbursement or Obligation
01 / 03 / 2014
Disbursement For: Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 9056.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
KAARLO HIETALA
[Electronically Filed]
Date 04 / 21 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼ C C00523241
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MULTI MEDIA SERVICES	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 03 / 2014
Mailing Address 915 KING STREET 2ND FLOOR	Amount 25520.00
City ALEXANDRIA	State VA
Zip Code 22314	Transaction ID : SE.24684
Purpose of Expenditure PLACED MEDIA	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 03 / 2014
Name of Federal Candidate RYAN K ZINKE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought 34576.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee MULTI MEDIA SERVICES	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 03 / 2014
Mailing Address 915 KING STREET 2ND FLOOR	Amount 120000.00
City ALEXANDRIA	State VA
Zip Code 22314	Transaction ID : SE.24687
Purpose of Expenditure PLACED MEDIA	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 03 / 2014
Name of Federal Candidate SHANE OSBORN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought 120000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	145520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼ C C00523241
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MULTI MEDIA SERVICES	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 05 / 2014
Mailing Address 915 KING STREET 2ND FLOOR	Amount 25000.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE.24686 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 05 / 2014
Purpose of Expenditure PLACED MEDIA	Category/Type []
Name of Federal Candidate RYAN K ZINKE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought 59576.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee MULTI MEDIA SERVICES	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2014
Mailing Address 915 KING STREET 2ND FLOOR	Amount 30000.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE.24688 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2014
Purpose of Expenditure PLACED MEDIA	Category/Type []
Name of Federal Candidate SHANE OSBORN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought 163260.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	[]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼ C C00523241
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MULTI MEDIA SERVICES	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2014
Mailing Address 915 KING STREET 2ND FLOOR	Amount 15000.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE.24689 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2014
Purpose of Expenditure MEDIA PLACEMENT	Category/Type []
Name of Federal Candidate THOMAS COTTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 15000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount []
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type []
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought []	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	240776.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2015

Signature