

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  10 / 18 / 2012 through  11 / 26 / 2012

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

Type or Print Name of Treasurer David Wilmot

Signature of Treasurer David Wilmot [Electronically Filed] Date  11 / 30 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

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="2012"/>		10662.33
(b) Cash on Hand at Beginning of Reporting Period.....	5897.43	
(c) Total Receipts (from Line 19) .....	1140.00	59490.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7037.43	70152.83
7. Total Disbursements (from Line 31).....	4231.13	67346.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2806.30	2806.30
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

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

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).....	1140.00	54085.00
(ii) Unitemized .....	0.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1140.00	54585.00
(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) .....	1140.00	54585.00
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	30.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	4875.00
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))..... ▶	1140.00	59490.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1140.00	59490.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	266.13	1686.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	266.13	1686.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3965.00	65060.00
24. Independent Expenditures (use Schedule E) .....	0.00	600.00
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)) ..	4231.13	67346.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4231.13	67346.53

**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) .....	1140.00	54585.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1140.00	54585.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	266.13	1686.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	30.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	266.13	1656.03

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

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

NAME OF COMMITTEE (In Full)  
**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

**A. Patrick T. Collins**  
Full Name (Last, First, Middle Initial)

Mailing Address 4801 Connecticut Avenue NW #514

City Washington	State DC	Zip Code 20008
--------------------	-------------	-------------------

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

Name of Employer Collins Consulting	Occupation Government Affairs
--	----------------------------------

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
10	/	24	/	2012

**Transaction ID : SA11AI.4773**

Amount of Each Receipt this Period  
500.00

Earmarked to Lois Capps (H-CA-23)

**B. Michael J. Dunmyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 17527 Nassau Commons Blvd #203

City Lewes	State DE	Zip Code 19958
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ocean Champions	Occupation Executive Director
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

**Transaction ID : SA11AI.4770**

Amount of Each Receipt this Period  
50.00

Earmarked to Lois Capps (H-CA-23)

**C. Stacy Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 2726 Connecticut Avenue NW

City Washington	State DC	Zip Code 20008
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

**Transaction ID : SA11AI.4793**

Amount of Each Receipt this Period  
50.00

Earmarked to Lois Capps (H-CA-23)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Veronia McClaskey**

Mailing Address 1749 SW Parkview Circle

City State Zip Code  
Portland OR 97221

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

Name of Employer Occupation  
Self-employed Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 /  /   
 10 / 18 / 2012  
**Transaction ID : SA11AI.4771**

Amount of Each Receipt this Period  
250.00

Earmarked to Lois Capps (H-CA-23)

Full Name (Last, First, Middle Initial)  
**B. Edward McCoy**

Mailing Address 1404 Cole Blvd.

City State Zip Code  
Glen Allen VA 23060

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
 10 / 26 / 2012  
**Transaction ID : SA11AI.4774**

Amount of Each Receipt this Period  
5.00

Earmarked to Lois Capps (H-CA-23)

Full Name (Last, First, Middle Initial)  
**C. Randy Repass**

Mailing Address 500 Westridge Drive

City State Zip Code  
Watsonville CA 95076

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

Name of Employer Occupation  
West Marine President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 /  /   
 10 / 18 / 2012  
**Transaction ID : SA11AI.4772**

Amount of Each Receipt this Period  
500.00

Earmarked to Lois Capps (H-CA-23)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**William Sharfman**

Mailing Address 50 Riverside Drive

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

**Transaction ID : SA11AI.4768**

Amount of Each Receipt this Period  

10.00
-------

Earmarked to Lois Capps (H-CA-23)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period  

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period  

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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1140.00

**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)  
**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address P.O. Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

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
11			07			2012			

**Transaction ID : SB21B.4795**

Amount of Each Disbursement this Period

5.00
------

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address P.O. Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Credit Card Processing 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
11			13			2012			

**Transaction ID : SB21B.4798**

Amount of Each Disbursement this Period

214.23
--------

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

Mailing Address P.O. Box 6995

City Portland State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

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
11			15			2012			

**Transaction ID : SB21B.4799**

Amount of Each Disbursement this Period

31.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

250.23
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250.23
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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement  
Contribution

Candidate Name

**BILL NELSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : SB23.4791**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CROWLEY FOR CONGRESS**

Mailing Address 84-56 GRAND AVENUE

City ELMHURST State NY Zip Code 11373

Purpose of Disbursement  
Contribution

Candidate Name

**JOSEPH CROWLEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : SB23.4788**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Mailing Address PO BOX 1631

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement  
Contribution

Candidate Name

**ELIJAH E CUMMINGS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : SB23.4785**

Amount of Each Disbursement this Period

500.00

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

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

1500.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CONNIE MACK**

Mailing Address P.O. BOX 519

City NAPLES State FL Zip Code 34106

Purpose of Disbursement  
Contribution

Candidate Name  
**CONNIE MACK**

Office Sought:  House  
 Senate  
 President  
State: FL District: 14

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.4792**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Mailing Address POST OFFICE BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement  
Contribution

Candidate Name  
**JAMES E CLYBURN**

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.4782**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement  
In-kind: Internet Appeal

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.4781**

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement  
Earmark by Conduit Check-Sharfman, William

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  Senate  President  
State: CA District: 23  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.4775**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement  
Earmark by Conduit Check-Dunmyer, Mike

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  Senate  President  
State: CA District: 23  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.4776**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement  
Earmark by Conduit Check-McClaskey, Veronica

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  Senate  President  
State: CA District: 23  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.4777**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

85.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement  
Earmark by Conduit Check-Repass, Randy

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  Senate  President  
State: CA District: 23  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2012

Transaction ID : **SB23.4778**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement  
Earmark by Conduit Check-Collins, Patrick

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  Senate  President  
State: CA District: 23  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2012

Transaction ID : **SB23.4779**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF LOIS CAPPS**

Mailing Address PO BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement  
Earmark by Conduit Check-McCoy, Edward

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  Senate  President  
State: CA District: 23  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2012

Transaction ID : **SB23.4780**

Amount of Each Disbursement this Period

5.00

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

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

1005.00

# 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. FRIENDS OF LOIS CAPPS

Mailing Address PO BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement  
Earmark by Conduit Check-Lewis, Stacy

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify) ▼  
 State: CA District: 23

Date of Disbursement

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

Transaction ID : SB23.4800

Amount of Each Disbursement this Period

5	0	.	0	0
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### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

		.		
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### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

5	0	.	0	0
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3	9	6	5	.	0	0
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