

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

JACK ORSWELL FOR CONGRESS

ADDRESS (number and street) 316 W FOOTHILL BLVD

Check if different than previously reported. (ACC)

MONROVIA

CA

91016

2. **FEC IDENTIFICATION NUMBER** ▼

C C00553941

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

27

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

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 06 / 07 / 2016 in the State of CA

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

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

Election on / / in the State of

5. Covering Period

04 / 01 / 2016 through 05 / 18 / 2016

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

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

Signature of Treasurer Mr. Thomas E Montgomery III [Electronically Filed] Date

08 / 05 / 2016

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
JACK ORSWELL FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5405.00	122781.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5405.00	122781.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20010.59	70554.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20010.59	70554.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	93573.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	20000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JACK ORSWELL FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3405.00	111705.00
(ii) Unitemized.....	2000.00	11076.00
(iii) TOTAL of contributions from individuals ▶	5405.00	122781.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5405.00	122781.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	20000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	1565.38
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5405.00	144346.38

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20010.59	70554.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	750.00	750.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20760.59	81304.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	108928.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5405.00
25. SUBTOTAL (add Line 23 and Line 24).....	114333.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20760.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	93573.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dave Cashion

Mailing Address 1130 Singing Wood Dr

City Arcadia State CA Zip Code 91006

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

Name of Employer Self Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2016

Transaction ID : SA11AI.5858

Amount of Each Receipt this Period
 250.00

Memo Item Contribution

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

Mailing Address 3355 Rubio Canyon Rd

City Altadena State CA Zip Code 91001

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

Name of Employer n/a Occupation retired software engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : SA11AI.5840

Amount of Each Receipt this Period
 250.00

Memo Item Contribution

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

Mailing Address 1500 Sierra Madre Villa Ave

City Pasadena State CA Zip Code 91107

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

Name of Employer Seacoast Commerce Bank Occupation Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.5816

Amount of Each Receipt this Period
 250.00

Memo Item Contribution

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 6 OF 16
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Gobrecht

Mailing Address 1930 Bent Creek Dr

City State Zip Code
Colorado Springs CO 91107

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : SA11AI.5854

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

Mailing Address 275 E. Orange Grove Ave

City State Zip Code
Sierra MADre CA 91024

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11AI.5830

Amount of Each Receipt this Period
200.00

Memo Item Contribution

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

Mailing Address 2775 Wallingford Rd

City State Zip Code
San Marino CA 91108

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

Name of Employer Occupation
None Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11AI.5811

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sandra Needs

Mailing Address 1141 S Monterey St

City Alhambra State CA Zip Code 91801

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

Name of Employer n/a Occupation n/a

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.5837

Amount of Each Receipt this Period
 150.00

Memo Item Contribution

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

Mailing Address 3100 Linder St.

City Hemet State CA Zip Code 92545

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **505.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.5833

Amount of Each Receipt this Period
 505.00

Memo Item Contribution

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

Mailing Address 2169 Highland Vista Dr

City Arcadia State CA Zip Code 91006

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

Name of Employer Self Occupation Prop. Management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.5822

Amount of Each Receipt this Period
 300.00

Memo Item Contribution

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

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

955.00

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

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

FOR LINE NUMBER: PAGE 8 OF 16
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles Wert

Mailing Address **237 Via Ithaca**

City **Newport BEach** State **CA** Zip Code **92663**

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

Name of Employer **Evercore Trust Co.** Occupation **President & CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : SA11Al.5849

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

3405.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Booker		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 2347 Daybreak Dr		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5795
City La Verne	State CA	
Zip Code 91750	Purpose of Disbursement Fundraising consulting	Category/ Type 003
Candidate Name JACK ORSWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 27	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.5808
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Web advertising	Category/ Type 003
Candidate Name JACK ORSWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 27	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 12.85 <input type="checkbox"/> Memo Item Transaction ID : SB17.5803
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Web advertising	Category/ Type 003
Candidate Name JACK ORSWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 27	

SUBTOTAL of Disbursements This Page (optional).....	2072.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kelly Paper		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 56 Waverly Dr.		Amount of Each Disbursement this Period 110.31
City Pasadena State CA Zip Code 91105	Purpose of Disbursement Office Supplies	
Candidate Name JACK ORSWELL FOR CONGRESS		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27	Category/Type 001	Transaction ID : SB17.5806

Full Name (Last, First, Middle Initial) B. Kelly Paper		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 56 Waverly Dr.		Amount of Each Disbursement this Period 30.71
City Pasadena State CA Zip Code 91105	Purpose of Disbursement Office Supplies	
Candidate Name JACK ORSWELL FOR CONGRESS		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27	Category/Type 001	Transaction ID : SB17.5804

Full Name (Last, First, Middle Initial) c. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 81.00
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement Web ads	
Candidate Name JACK ORSWELL FOR CONGRESS		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27	Category/Type 004	Transaction ID : SB17.5801

SUBTOTAL of Disbursements This Page (optional).....	222.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 52.00
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement Web ads	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name JACK ORSWELL FOR CONGRESS	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5809
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 27	

Full Name (Last, First, Middle Initial) B. Occidental Communications Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 1300 Bristol St N		Amount of Each Disbursement this Period 4000.00
City Newport Beach	State CA Zip Code 92660	
Purpose of Disbursement Consulting retainer	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name JACK ORSWELL FOR CONGRESS	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5796
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 27	

Full Name (Last, First, Middle Initial) c. Occidental Communications Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 1300 Bristol St N		Amount of Each Disbursement this Period 8624.50
City Newport Beach	State CA Zip Code 92660	
Purpose of Disbursement Mailer	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name JACK ORSWELL FOR CONGRESS	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5797
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 27	

SUBTOTAL of Disbursements This Page (optional).....	12676.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Occidental Communications Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 1300 Bristol St N		Amount of Each Disbursement this Period 3925.08 <input type="checkbox"/> Memo Item Transaction ID : SB17.5798
City Newport Beach	State CA	
Zip Code 92660	Purpose of Disbursement Mailer	Category/ Type 004
Candidate Name JACK ORSWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 27	

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 2111 N. First St.		Amount of Each Disbursement this Period 44.89 <input type="checkbox"/> Memo Item Transaction ID : SB17.5859
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Processing	Category/ Type 001
Candidate Name JACK ORSWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 27	

Full Name (Last, First, Middle Initial) c. PayPal		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2111 N. First St.		Amount of Each Disbursement this Period 4.95 <input type="checkbox"/> Memo Item Transaction ID : SB17.5860
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Processing	Category/ Type 001
Candidate Name JACK ORSWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 27	

SUBTOTAL of Disbursements This Page (optional).....	3974.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PayPal		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address 2111 N. First St.		Amount of Each Disbursement this Period 29.30
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing	
Candidate Name JACK ORSWELL FOR CONGRESS		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27	Category/Type 001	Transaction ID : SB17.5861

Full Name (Last, First, Middle Initial) B. Political Visions		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 1912 Grand Ave		Amount of Each Disbursement this Period 900.00
City San Rafael State CA Zip Code 94901	Purpose of Disbursement Bookkeeping	
Candidate Name JACK ORSWELL FOR CONGRESS		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27	Category/Type 001	Transaction ID : SB17.5794

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 41 Wheeler Ave		Amount of Each Disbursement this Period 98.00
City Arcadia State CA Zip Code 91006	Purpose of Disbursement Postage	
Candidate Name JACK ORSWELL FOR CONGRESS		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27	Category/Type 001	Transaction ID : SB17.5810

SUBTOTAL of Disbursements This Page (optional).....	1027.30
TOTAL This Period (last page this line number only).....	19973.59

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
JACK ORSWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARIN COUNTY REPUBLICAN CENTRAL COMMITTEE (FEDERAL)		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 888 4TH STREET SUITE 16		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Memo Item
City SAN RAFAEL State CA Zip Code 94901	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name JACK ORSWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB18.5799
State: CA District: 27		

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

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

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JACK ORSWELL FOR CONGRESS** Transaction ID : **SC/10.5421**

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

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 1161 VOLANTE DRIVE

City State ZIP Code
 ARCADIA CA 91007

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

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

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item Mr. JACK E ORSWELL	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1161 VOLANTE DRIVE	

City	State	ZIP Code
ARCADIA	CA	91007

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	03 / 31 / 2016	6/8/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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