



**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))....	11163.00	133944.00
(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)).....	11163.00	133944.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5869.42	76424.21
(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)).....	5869.42	76424.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	98866.72	
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).....	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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7300.00	119005.00
(ii) Unitemized.....	3863.00	14939.00
(iii) TOTAL of contributions from individuals ▶	11163.00	133944.00
(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))..	11163.00	133944.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	1565.38
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	11163.00	155509.38

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5869.42	76424.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5869.42	87174.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	93573.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11163.00
25. SUBTOTAL (add Line 23 and Line 24).....	104736.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5869.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	98866.72

**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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JACK ORSWELL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Carol Andreen**

Mailing Address 965 Hugo Reid Dr.

City Arcadia State CA Zip Code 91007

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2016**

**Transaction ID : SA11AI.5869**

Amount of Each Receipt this Period  
**500.00**

Memo Item Contribution

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

Mailing Address 2275 Huntington Dr.

City San Marino State CA Zip Code 91108

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

Name of Employer JPL/Caltech Occupation Research Scientist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2016**

**Transaction ID : SA11AI.5935**

Amount of Each Receipt this Period  
**100.00**

Memo Item Contribution

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

Mailing Address 2275 Huntington Dr.

City San Marino State CA Zip Code 91108

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

Name of Employer JPL/Caltech Occupation Research Scientist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 13 / 2016**

**Transaction ID : SA11AI.5907**

Amount of Each Receipt this Period  
**100.00**

Memo Item Contribution

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

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

**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 6 OF 18
	<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)  
**Pam Costarella**

Mailing Address 1044 Singing Wood Dr

City Arcadia State CA Zip Code 91006

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 13 / 2016**

**Transaction ID : SA11AI.5916**

Amount of Each Receipt this Period  
**1000.00**

Memo Item Contribution

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

Mailing Address 640 Brightside Lane

City Pasadena State CA Zip Code 91107

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

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2016**

**Transaction ID : SA11AI.5892**

Amount of Each Receipt this Period  
**250.00**

Memo Item Contribution

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

Mailing Address 2306 Glen 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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 24 / 2016**

**Transaction ID : SA11AI.5932**

Amount of Each Receipt this Period  
**500.00**

Memo Item Contribution

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

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

**1750.00**

**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 18
	<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)  
**Beverly Doonan**

Mailing Address 178 Catherine Park Dr

City Glendora State CA Zip Code 91741

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

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : SA11AI.5936**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

**B.** 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 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11AI.5878**

Amount of Each Receipt this Period  
 250.00

Memo Item Contribution

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

Mailing Address 3825 Mayfair Dr

City Pasadena State CA Zip Code 91107

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.5920**

Amount of Each Receipt this Period  
 200.00

Memo Item Contribution

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JACK ORSWELL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Virginia Konzelman**

Mailing Address 445 Los Altos Ave

City Arcadia State CA Zip Code 91007

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

**Transaction ID : SA11AI.5915**

Amount of Each Receipt this Period  
 100.00

Memo Item Contribution

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

Mailing Address 3194 Fairpoint St.

City Pasadena State CA Zip Code 91107

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

Name of Employer Jet Propulsion Labs Occupation Engineer

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  
 06 / 01 / 2016

**Transaction ID : SA11AI.5934**

Amount of Each Receipt this Period  
 200.00

Memo Item Contribution

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

Mailing Address 3830 Key Bay

City Corona del Mar State CA Zip Code 92625

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

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11AI.5940**

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).....

**600.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JACK ORSWELL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Mittleman**

Mailing Address 2015 El Vista Ctr

City: Glendale State: CA Zip Code: 91208

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

Name of Employer: N/A Occupation: Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 30 / 2016

**Transaction ID : SA11AI.5924**

Amount of Each Receipt this Period: 2500.00

Memo Item Contribution

**B.** 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: 400.00

Date of Receipt: 05 / 31 / 2016

**Transaction ID : SA11AI.5870**

Amount of Each Receipt this Period: 50.00

Memo Item Contribution

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

Mailing Address 1550 Rodeo Rd

City: Arcadia State: CA Zip Code: 91006

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 05 / 2016

**Transaction ID : SA11AI.5939**

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).....

2800.00

7300.00

**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 10 OF 18			
	<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) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2016
Mailing Address 1 Hacker Way			Amount of Each Disbursement this Period 47.44
City Menlo Park	State CA	Zip Code 94025	
Purpose of Disbursement Web ads		Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>		Transaction ID : <b>SB17.5971</b>	
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>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2016
Mailing Address 1 Hacker Way			Amount of Each Disbursement this Period 141.38
City Menlo Park	State CA	Zip Code 94025	
Purpose of Disbursement Web ads		Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>		Transaction ID : <b>SB17.5985</b>	
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>c. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 1 Hacker Way			Amount of Each Disbursement this Period 250.09
City Menlo Park	State CA	Zip Code 94025	
Purpose of Disbursement Web ads		Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>		Transaction ID : <b>SB17.5988</b>	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	438.91
<b>TOTAL</b> 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 18	
	<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) <b>A. Kelly Paper</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 56 Waverly Dr.		Amount of Each Disbursement this Period 30.71 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5983</b>
City Pasadena State CA Zip Code 91105	Purpose of Disbursement Office Supplies Category/Type 001	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	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>B. Kelly Paper</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 56 Waverly Dr.		Amount of Each Disbursement this Period 43.49 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5987</b>
City Pasadena State CA Zip Code 91105	Purpose of Disbursement Office Supplies Category/Type 001	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	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>C. LOS ANGELES COUNTY LINCOLN CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 50 E FOOTHILL BOULEVARD FLOOR 3		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5964</b>
City ARCADIA State CA Zip Code 91006	Purpose of Disbursement Civic Membership Category/Type 004	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	574.20
<b>TOTAL</b> 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 18	
	<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) <b>A. LOS ANGELES COUNTY LINCOLN CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 50 E FOOTHILL BOULEVARD FLOOR 3		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5981</b>
City ARCADIA State CA Zip Code 91006	Purpose of Disbursement Event admission Category/Type 003	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	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>B. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2016
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 122.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5970</b>
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement Web Hosting Category/Type 004	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	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>c. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 157.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5984</b>
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement Web Hosting Category/Type 004	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	314.00
<b>TOTAL</b> 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 18			
	<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) <b>A. Oakland Group Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2016
Mailing Address 686 S. Arroyo Parkway Suite 24		Amount of Each Disbursement this Period 110.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5968</b>
City Pasadena State CA Zip Code 91105	Purpose of Disbursement Mail List 004 Category/Type	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	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>B. Oakland Group Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2016
Mailing Address 686 S. Arroyo Parkway Suite 24		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5969</b>
City Pasadena State CA Zip Code 91105	Purpose of Disbursement Campaign Consulting 001 Category/Type	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	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>C. Occidental Communications Group</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 1300 Bristol St N		Amount of Each Disbursement this Period 1135.61 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5927</b>
City Newport Beach State CA Zip Code 92660	Purpose of Disbursement Campaign Consulting 001 Category/Type	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3245.61
<b>TOTAL</b> 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 14 OF 18		
	<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) <b>A. OSI United States Flags</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 1000 Westinghouse Dr.		Amount of Each Disbursement this Period 243.00 <input type="checkbox"/> Memo Item
City New Stanton	State PA	
Zip Code 15672	Purpose of Disbursement Yard Sign Flags	Transaction ID : <b>SB17.5962</b>
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	Category/ Type 004	
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>B. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address 2111 N. First St.		Amount of Each Disbursement this Period 19.08 <input type="checkbox"/> Memo Item
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Fees	Transaction ID : <b>SB17.5951</b>
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

Full Name (Last, First, Middle Initial) <b>c. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2111 N. First St.		Amount of Each Disbursement this Period 6.50 <input type="checkbox"/> Memo Item
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Fees	Transaction ID : <b>SB17.5952</b>
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 27		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	268.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18			
	<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)		Date of Disbursement
<b>A. PayPal</b>		M M / D D / Y Y Y Y 06 / 05 / 2016
Mailing Address 2111 N. First St.		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Fees	43.75
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	Category/Type 003	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5953</b>
State: CA District: 27		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. PayPal</b>		M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address 2111 N. First St.		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Fees	16.73
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	Category/Type 003	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5954</b>
State: CA District: 27		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. PrintRunner</b>		M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 8000 Haskell Ave		Amount of Each Disbursement this Period
City Van Nuys State CA Zip Code 91406	Purpose of Disbursement Printed flyers	442.58
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>	Category/Type 004	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5976</b>
State: CA District: 27		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	503.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 18			
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 41 Wheeler Ave		Amount of Each Disbursement this Period 141.00
City Arcadia State CA Zip Code 91006	Purpose of Disbursement Postage 003 Category/Type	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5986</b>

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 41 Wheeler Ave		Amount of Each Disbursement this Period 141.00
City Arcadia State CA Zip Code 91006	Purpose of Disbursement Postage 003 Category/Type	
Candidate Name <b>JACK ORSWELL FOR CONGRESS</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5980</b>

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	282.00
<b>TOTAL</b> This Period (last page this line number only).....	5626.36



**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
-------------------------------------	------------------------------------	---

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
<b>TOTALS</b> 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.