

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SPECIAL OPERATIONS FOR AMERICA

ADDRESS (number and street) 336 WEST 2ND STREET

Check if different than previously reported. (ACC) WHITEFISH MT 59937

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00523241

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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2013 through [MM] / [DD] / [YYYY] 06 / 30 / 2013

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 SCOTT HOMMEL

Signature of Treasurer SCOTT HOMMEL [Electronically Filed] Date 07 / 31 / 2013

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 3X (Rev. 02/2003)

Write or Type Committee Name

**SPECIAL OPERATIONS FOR AMERICA**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="2537.15"/>	<input type="text" value="2537.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2537.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="401842.90"/>	<input type="text" value="401842.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="404380.05"/>	<input type="text" value="404380.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="182092.42"/>	<input type="text" value="182092.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="222287.63"/>	<input type="text" value="222287.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

SPECIAL OPERATIONS FOR AMERICA

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	99275.00	99275.00
(ii) Unitemized .....	292857.90	292857.90
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	392132.90	392132.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9710.00	9710.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	401842.90	401842.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	401842.90	401842.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	401842.90	401842.90

**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 .....	182092.42	182092.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	182092.42	182092.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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)) ..	182092.42	182092.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	182092.42	182092.42

**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) .....	401842.90	401842.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	401842.90	401842.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	182092.42	182092.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	182092.42	182092.42

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

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

FOR LINE NUMBER: PAGE 6 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

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

Mailing Address 410 MOUNT LOWE DR

City State Zip Code  
BAKERSFIELD CA 93309

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2013  
**Transaction ID : SA11AI.7737**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 410 MOUNT LOWE DR

City State Zip Code  
BAKERSFIELD CA 93309

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.7736**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 410 MOUNT LOWE DR

City State Zip Code  
BAKERSFIELD CA 93309

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2013  
**Transaction ID : SA11AI.7735**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 7 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. DAVID ALLRED**

Mailing Address 11452 EL CAMINO REAL STE 200

City State Zip Code  
SAN DIEGO CA 92130

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

Name of Employer Occupation  
DOUGLAS ALLRED COMPANY PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 11 / 2013**

Transaction ID : **SA11AI.7901**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 11452 EL CAMINO REAL STE 200

City State Zip Code  
SAN DIEGO CA 92130

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

Name of Employer Occupation  
DOUGLAS ALLRED COMPANY PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 29 / 2013**

Transaction ID : **SA11AI.7896**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 11452 EL CAMINO REAL STE 200

City State Zip Code  
SAN DIEGO CA 92130

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

Name of Employer Occupation  
DOUGLAS ALLRED COMPANY PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 11 / 2013**

Transaction ID : **SA11AI.7897**

Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **4000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. ELIZABETH A ANDERLIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5120 LEXINGTON AVE N  
 City SHOREVIEW State MN Zip Code 55126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2013  
**Transaction ID : SA11AI.7945**  
 Amount of Each Receipt this Period  
 250.00

**B. KRISS ARBURY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 745 S MERIDAN ROUTE 6  
 City MIDLAND State MI Zip Code 48640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2013  
**Transaction ID : SA11AI.8078**  
 Amount of Each Receipt this Period  
 250.00

**C. RICHARD N BARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 LYNN END RD  
 City LYNN State MA Zip Code 01904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2013  
**Transaction ID : SA11AI.8343**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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: (check only one)	PAGE 9 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. JOHN BENBOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 6667 BENBOW DR

City GARBENVILLE State CA Zip Code 95542

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

Name of Employer SELF-EMPLOYED Occupation CONSTRUCTION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013

**Transaction ID : SA11AI.8578**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO BOX 5566

City DOTHAN State AL Zip Code 36302

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

Name of Employer LARRY BLUMBERG & ASSOCIAT Occupation CHAIRMAN/CEO

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  
 06 / 17 / 2013

**Transaction ID : SA11AI.8849**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2525 POTOMAC AVE NE

City ATLANTA State GA Zip Code 30305

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2013

**Transaction ID : SA11AI.8876**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 10 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. MARJORIE B BUCKLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1635 COUNTRY RD  
 City State Zip Code  
 BETHLEHEM PA 18015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BUCKLEY CAPITAL MANAGEMENT INVESTMENTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2013  
**Transaction ID : SA11AI.9280**  
 Amount of Each Receipt this Period  
 1000.00

**B. WALTER BUCKLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1635 COUNTRY RD  
 City State Zip Code  
 BETHLEHEM PA 18015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BUCKLEY CAPITAL MANAGEMENT PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2013  
**Transaction ID : SA11AI.9282**  
 Amount of Each Receipt this Period  
 1000.00

**C. SUE M CANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6420 W LAKERIDGE RD  
 City State Zip Code  
 LAKEWOOD CO 80227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2013  
**Transaction ID : SA11AI.9551**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. JACK CARMICHAEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 8101 QUEBEC DR

City SAN ANTONIO State TX Zip Code 78239

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : SA11AI.9619**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1601 N COLLEGE AVE LOT 317

City FORT COLLINS State CO Zip Code 80524

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2013

**Transaction ID : SA11AI.9652**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 16608 OLD TAFT RD

City HASKELL State OK Zip Code 74436

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

Name of Employer SELF-EMPLOYED Occupation RANCHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2013

**Transaction ID : SA11AI.9781**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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: (check only one)	PAGE 12 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. ELLOINE M CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3716 MAPLEWOOD AVE

City DALLAS State TX Zip Code 75205

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.9846**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 3716 MAPLEWOOD AVE

City DALLAS State TX Zip Code 75205

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2013  
**Transaction ID : SA11AI.9848**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 4591 SANDERLING CIR W

City BOYNTON BEACH State FL Zip Code 33436

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

Name of Employer SELF-EMPLOYED Occupation INSURANCE BROKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2013  
**Transaction ID : SA11AI.10044**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. BETTY R CRAWFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 ASPEN TRL

City MUSCATINE State IA Zip Code 52761

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2013  
**Transaction ID : SA11AI.10202**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 34 W MUNDHANK RD

City SOUTH BARRINGTON State IL Zip Code 60010

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : SA11AI.10328**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO BOX 791719

City PAIA State HI Zip Code 96779

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2013  
**Transaction ID : SA11AI.10412**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. WILLIAM DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3204 SAINT ANDREWS DR

City CHAMBERSBURG State PA Zip Code 17202

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

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  
 06 / 17 / 2013  
**Transaction ID : SA11AI.10500**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 7 CORSER ST

City HOLYOKE State MA Zip Code 01040

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.10570**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 435 VIRGINIA AVE

City WINCHESTER State VA Zip Code 22601

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

Name of Employer DE FAZIO AND ASSOCIATES Occupation ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : SA11AI.10555**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

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

Mailing Address 2909 ROSEFIELD DR

City HOUSTON State TX Zip Code 77080

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2013  
**Transaction ID : SA11AI.10675**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 5520 SW 72ND AVE

City MIAMI State FL Zip Code 33155

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

Name of Employer MEDICAL LAB SUPPLY CO Occupation MEDICAL SUPPLIER

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  
 06 / 20 / 2013  
**Transaction ID : SA11AI.10705**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 4 LONG RIDGE LANE

City IPSWICH State MA Zip Code 01938

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

Name of Employer TECOMET, INC Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA11AI.10923**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. TERRY DUNAWAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 CHIPPER RD

City SAINT LOUIS State MO Zip Code 63131

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

Name of Employer TRIAD CAPITAL ADVISORS Occupation PRINCIPAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2013

**Transaction ID : SA11AI.11017**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 3 HOLLEY ST

City MORRIS PLAINS State NJ Zip Code 07950

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : SA11AI.11046**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1115 41ST AVE E

City SEATTLE State WA Zip Code 98112

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2013

**Transaction ID : SA11AI.11062**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. MIKE FERRIS</b>		Date of Receipt
Mailing Address 862 QUAILS RUN DR		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
GRAND JUNCTION	CO	81505
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.11508</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WESTERN SLOPE AUTO CO	PRESIDENT	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ROBERT D FISHER</b>		Date of Receipt
Mailing Address 727 S FLORIDA AVE		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
DELAND	FL	32720
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.11590</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ROBERT D FISHER</b>		Date of Receipt
Mailing Address 727 S FLORIDA AVE		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
DELAND	FL	32720
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.11589</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. VIRGINIA FOLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 HALFMOON CT

City SPRING State TX Zip Code 77380

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2013  
**Transaction ID : SA11AI.11650**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 4303 FOREST PARK RD

City JACKSONVILLE State FL Zip Code 32210

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2013  
**Transaction ID : SA11AI.11677**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 4303 FOREST PARK RD

City JACKSONVILLE State FL Zip Code 32210

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2013  
**Transaction ID : SA11AI.11678**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. WARREN GALKIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 SAGE DR

City WARWICK State RI Zip Code 02886

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

Name of Employer NATCO PRODUCTS CORP Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2013  
**Transaction ID : SA11AI.11899**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 29 SAGE DR

City WARWICK State RI Zip Code 02886

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

Name of Employer NATCO PRODUCTS CORP Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.11898**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 77 WELLESLEY RD

City BELMONT State MA Zip Code 02478

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

Name of Employer SELF-EMPLOYED Occupation TIRE DEALER

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  
 05 / 02 / 2013  
**Transaction ID : SA11AI.11935**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. JOHN F GAYLORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4600 LEBANON RD STE K

City MINT HILL	State NC	Zip Code 28227
-------------------	-------------	-------------------

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

Name of Employer MEDICAL SPECIALTIES	Occupation CEO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

**Transaction ID : SA11AI.11993**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4600 LEBANON RD STE K

City MINT HILL	State NC	Zip Code 28227
-------------------	-------------	-------------------

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

Name of Employer MEDICAL SPECIALTIES	Occupation CEO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2013

**Transaction ID : SA11AI.11992**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6674 PENTZ RD

City PARADISE	State CA	Zip Code 95969
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SA11AI.12017**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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: (check only one)	PAGE 21 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. FREDERICK GEISSINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8712 WHETSTONE RD

City EVANSVILLE State IN Zip Code 47725

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

Name of Employer AMERICAN GENERAL Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : SA11AI.12031**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 40 N CHATSWORTH AVE

City LARCHMONT State NY Zip Code 10538

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : SA11AI.12054**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 62 BAKER ST

City FOXBORO State MA Zip Code 02035

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

Name of Employer SELF-EMPLOYED Occupation TRUCK DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2013  
**Transaction ID : SA11AI.12084**

Amount of Each Receipt this Period  
 150.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. JEANNE WARMKE GILL</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2013 <b>Transaction ID : SA11AI.12118</b>
Mailing Address 7320 W 154TH ST		Amount of Each Receipt this Period 1000.00
City ORLAND PARK	State IL	Zip Code 60462
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. ANN GILLESPIE</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 08 / 2013 <b>Transaction ID : SA11AI.12122</b>
Mailing Address 1260 COUNTY LINE RD		Amount of Each Receipt this Period 500.00
City GATES MILLS	State OH	Zip Code 44040
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. EUNICE GOODAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2013 <b>Transaction ID : SA11AI.12249</b>
Mailing Address 2550 ABERDEEN AVE		Amount of Each Receipt this Period 250.00
City LOS ANGELES	State CA	Zip Code 90027
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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: (check only one)	PAGE 23 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. CHARLES GORDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5526 TOYON RD

City SAN DIEGO State CA Zip Code 92115

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2013  
**Transaction ID : SA11AI.12268**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 606 SHOREWOOD DR UNIT 508

City CAPE CANAVERAL State FL Zip Code 32920

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2013  
**Transaction ID : SA11AI.12324**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 105 MILL CREEK DR

City YOUNGSTOWN State OH Zip Code 44512

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2013  
**Transaction ID : SA11AI.12454**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. KATHYLEEN S GUARNIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1365 VAN ANTWERP RD APT C28

City SCHENECTADY	State NY	Zip Code 12309
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

**Transaction ID : SA11AI.12494**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 235 MOORE ST

City HACKENSACK	State NJ	Zip Code 07601
--------------------	-------------	-------------------

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

Name of Employer JAMES E. HANSON INC	Occupation REAL ESTATE BROKER
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2013

**Transaction ID : SA11AI.12707**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 41 MCGREGORY RD

City STURBRIDGE	State MA	Zip Code 01566
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

**Transaction ID : SA11AI.12741**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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: (check only one)	PAGE 25 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

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

Mailing Address 135 WINDSOR DR

City CALHOUN State GA Zip Code 30701

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2013  
**Transaction ID : SA11AI.12799**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 41 GRANBURG CIR

City SAN ANTONIO State TX Zip Code 78218

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

Name of Employer SELF-EMPLOYED Occupation C P A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2013  
**Transaction ID : SA11AI.12794**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 41 GRANBURG CIR

City SAN ANTONIO State TX Zip Code 78218

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

Name of Employer SELF-EMPLOYED Occupation C P A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2013  
**Transaction ID : SA11AI.12795**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. BARBARA HATTEMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 BOBWHITE LN  
 City NAPLES State FL Zip Code 34108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2013  
**Transaction ID : SA11AI.12863**  
 Amount of Each Receipt this Period  
 250.00

**B. DUDLEY W HAWKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10862 COUNTY ROAD 250  
 City DURANGO State CO Zip Code 81301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.12882**  
 Amount of Each Receipt this Period  
 250.00

**C. DUDLEY W HAWKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10862 COUNTY ROAD 250  
 City DURANGO State CO Zip Code 81301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : SA11AI.12883**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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: (check only one)	PAGE 27 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. EDWIN HAYS</b>		Date of Receipt
Mailing Address 701 MURL DR		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
IRVING	TX	75062
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.12913</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. J ROBERT HESS</b>		Date of Receipt
Mailing Address 1770 OREGON PIKE		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
LANCASTER	PA	17601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.13120</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. TATNALL HILLMAN</b>		Date of Receipt
Mailing Address PO BOX 332		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHILMARK	MA	02535
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.13184</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. CAROLYN HOOPER</b>		Date of Receipt
Mailing Address 13118 WINDBREAK RD		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN DIEGO	CA	92130
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.13352</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PRESTON HOTCHKIS</b>		Date of Receipt
Mailing Address 125 E VICTORIA ST STE L		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
SANTA BARBARA	CA	93101
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.13405</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. KEN HUNT</b>		Date of Receipt
Mailing Address 11590 BARI DR		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
ALTA LOMA	CA	91701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.13557</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BUNKY BROTHERS	SHOPOWNER (FORMER NAVY)	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. CURTIS KATZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 BARSTOW RD STE 202

City State Zip Code  
GREAT NECK NY 11021

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 14 / 2013  
**Transaction ID : SA11AI.14103**

Amount of Each Receipt this Period  
360.00

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

Mailing Address PO BOX 560

City State Zip Code  
FARMINGDALE NY 11735

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

Name of Employer Occupation  
SELF-EMPLOYED ENTREPRENEUR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2013  
**Transaction ID : SA11AI.14105**

Amount of Each Receipt this Period  
360.00

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

Mailing Address 47 CROOKED LN

City State Zip Code  
DUXBURY MA 02332

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 07 / 2013  
**Transaction ID : SA11AI.14165**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3220.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. WILLIAM KELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 THISTLE LN

City SANTA FE State NM Zip Code 87506

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.14169**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 11991 36TH ST NW

City WATFORD CITY State ND Zip Code 58854

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : SA11AI.14184**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 11991 36TH ST NW

City WATFORD CITY State ND Zip Code 58854

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 28 / 2013  
**Transaction ID : SA11AI.14186**

Amount of Each Receipt this Period  
 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 31 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. SHIRLEY KERNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 MADISON AVE APT 501  
 City PITTSBURGH State PA Zip Code 15243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 07 / 2013  
**Transaction ID : SA11AI.14260**  
 Amount of Each Receipt this Period  
 250.00

**B. FRANCES E KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 599 BRAYBARTON BLVD  
 City STEUBENVILLE State OH Zip Code 43952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : SA11AI.14321**  
 Amount of Each Receipt this Period  
 500.00

**C. CAROLINE M KINKLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1156 OXFORD RD  
 City SAN MARINO State CA Zip Code 91108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.14346**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. LEONARD M KIRK</b>		Date of Receipt
Mailing Address 6 HUNTER DR		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
BEL AIR	MD	21014
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.14355</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LEONARD M KIRK</b>		Date of Receipt
Mailing Address 6 HUNTER DR		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
BEL AIR	MD	21014
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.14354</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. WALTER H KLEINER</b>		Date of Receipt
Mailing Address 1725 89TH PL NE		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
CLYDE HILL	WA	98004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.14397</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. MAXINE KNERR**  
Full Name (Last, First, Middle Initial)

Mailing Address 11905 KINGSTON ST

City GRAND TERRACE	State CA	Zip Code 92313
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : SA11AI.14423**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 11905 KINGSTON ST

City GRAND TERRACE	State CA	Zip Code 92313
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.14421**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 11905 KINGSTON ST

City GRAND TERRACE	State CA	Zip Code 92313
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2013  
**Transaction ID : SA11AI.14422**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<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: (check only one)	PAGE 34 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. MAXINE KNERR**  
Full Name (Last, First, Middle Initial)

Mailing Address 11905 KINGSTON ST

City GRAND TERRACE	State CA	Zip Code 92313
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2013

**Transaction ID : SA11AI.14424**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 4934 SAINT CROIX DR

City TAMPA	State FL	Zip Code 33629
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

**Transaction ID : SA11AI.14456**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1921 JAMES AVE

City SAINT PAUL	State MN	Zip Code 55105
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2013

**Transaction ID : SA11AI.14549**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 35 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. STEPHAN L KRUSE**

Mailing Address 26 AMERICAN WAY

City State Zip Code  
PARLIN POND TWP ME 04945

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

Name of Employer Occupation

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  
 06 / 11 / 2013  
**Transaction ID : SA11AI.14586**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 67 CONVENT CT

City State Zip Code  
SAN RAFAEL CA 94901

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2013  
**Transaction ID : SA11AI.14835**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 67 CONVENT CT

City State Zip Code  
SAN RAFAEL CA 94901

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2013  
**Transaction ID : SA11AI.14834**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

**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 36 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. ROBERT LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 LONGWOOD DR UNIT 124  
 City WESTWOOD State MA Zip Code 02090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 01 / 2013  
**Transaction ID : SA11AI.14858**  
 Amount of Each Receipt this Period  
 250.00

**B. ALICE O LEBEWOHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5500 CALLE REAL APT A-129  
 City SANTA BARBARA State CA Zip Code 93111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 28 / 2013  
**Transaction ID : SA11AI.14888**  
 Amount of Each Receipt this Period  
 500.00

**C. STEPHEN D LEONARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7260 CHATTAHOOCHEE BLUFF DR  
 City SANDY SPRINGS State GA Zip Code 30350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 01 / 2013  
**Transaction ID : SA11AI.14954**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 37 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. DWIGHT E LOWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 CIMA DEL MUNDO RD  
 City State Zip Code  
 MONTECITO CA 93108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2013  
**Transaction ID : SA11AI.15186**  
 Amount of Each Receipt this Period  
 250.00

**B. DAVID LUGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8410 SANDERLING RD  
 City State Zip Code  
 SARASOTA FL 34242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2013  
**Transaction ID : SA11AI.15220**  
 Amount of Each Receipt this Period  
 250.00

**C. KEITH MACVICAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5199 VELDA DAIRY RD  
 City State Zip Code  
 TALLAHASSEE FL 32309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 05 / 29 / 2013  
**Transaction ID : SA11AI.15332**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. STEVEN MARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 FIELD ROAD

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer BLUE RIDGE CAPITAL Occupation INVESTMENT ANALYST

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  
 05 / 02 / 2013  
**Transaction ID : SA11AI.15487**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 125 COOLIDGE AVE

City WATERTOWN State MA Zip Code 02472

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

Name of Employer SELF-EMPLOYED Occupation PLASTIC SURGEON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2013  
**Transaction ID : SA11AI.15522**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 9 DIAMOND DRIVE

City KEY WEST State FL Zip Code 33040

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2013  
**Transaction ID : SA11AI.15532**

Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<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 39 OF 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. JOSEPH F MARTINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 OCEAN AVE UNIT 326  
 City SPRING LAKE State NJ Zip Code 07762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2013  
**Transaction ID : SA11AI.15550**  
 Amount of Each Receipt this Period  
 250.00

**B. JOHN MCARDLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2570 RIVERWOODS RD  
 City RIVERWOODS State IL Zip Code 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2013  
**Transaction ID : SA11AI.15701**  
 Amount of Each Receipt this Period  
 500.00

**C. JACK W MCLEOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 N SIERRA ST  
 City RENO State NV Zip Code 89501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEVADA MCLEOD GROUP Occupation PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.15933**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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: (check only one)	PAGE 40 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. MILTON MCNEILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 9319 W GLEN OAKS CIR

City SUN CITY State AZ Zip Code 85351

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-10.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.15960**

Amount of Each Receipt this Period  
-10.00

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

Mailing Address 15062 BROWN POST LN

City CENTREVILLE State VA Zip Code 20121

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

Name of Employer MANASSAS PEDIATRICS Occupation RN

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  
 06 / 25 / 2013  
**Transaction ID : SA11AI.16118**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7443 HIBBARD LN

City SAINT LOUIS State MO Zip Code 63123

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2013  
**Transaction ID : SA11AI.16215**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	690.00
<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: (check only one)	PAGE 41 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. NELLIE MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3230 LAS FALDAS DR

City FULLERTON State CA Zip Code 92835

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.16260**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 5625 COUNTY ROAD 441

City HANNIBAL State MO Zip Code 63401

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.16453**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 106 MILL RD #15

City IRVINGTON State NJ Zip Code 07111

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2013  
**Transaction ID : SA11AI.16479**

Amount of Each Receipt this Period  
 1010.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1760.00
<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: (check only one)	PAGE 42 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. JAMES W NEWBERNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 8580 CAVALIER DR

City CINCINNATI State OH Zip Code 45231

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2013  
**Transaction ID : SA11AI.16720**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 144 BEHREND'S AVE

City JUNEAU State AK Zip Code 99801

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11AI.16754**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 40 HOWARD ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : SA11AI.16756**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<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: (check only one)	PAGE 43 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. SHAUN F O'MALLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8000 SEMINOLE ST

City PHILADELPHIA State PA Zip Code 19118

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2013  
**Transaction ID : SA11AI.16906**

Amount of Each Receipt this Period  
 150.00

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

Mailing Address 1350 NOBLE HERON WAY

City NAPLES State FL Zip Code 34105

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2013  
**Transaction ID : SA11AI.17013**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 103 WAVERLY PL

City NEW YORK State NY Zip Code 10011

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

Name of Employer WASHINGTON SQUARE HOTEL Occupation HOSPITALITY ADMIN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2013  
**Transaction ID : SA11AI.17171**

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. GRACE PLAYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 426 LILLY RD NE APT 343

City OLYMPIA	State WA	Zip Code 98506
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2013

**Transaction ID : SA11AI.17450**

Amount of Each Receipt this Period  
250.00

**B. MARY L QUINN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6540 W IRVING PARK RD

City CHICAGO	State IL	Zip Code 60634
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2013

**Transaction ID : SA11AI.17681**

Amount of Each Receipt this Period  
250.00

**C. JOAN B RAK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 972 E CAMINO DIESTRO

City TUCSON	State AZ	Zip Code 85704
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2013

**Transaction ID : SA11AI.17715**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 45 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. STANLEY RAND**

Mailing Address 93 FIVE MILE RIVER ROAD

City DARIEN State CT Zip Code 06820

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

Name of Employer RAND INSURANCE Occupation INSURANCE BROKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2013  
**Transaction ID : SA11AI.17733**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1856 WOLF LAUREL DR

City SUN CITY CTR State FL Zip Code 33573

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.17771**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 96 TOKENEKE RD

City HOLYOKE State MA Zip Code 01040

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

Name of Employer Occupation

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  
 05 / 24 / 2013  
**Transaction ID : SA11AI.17934**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. Barbara Richardson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2013 <b>Transaction ID : SA11AI.17935</b>
Mailing Address PO Box 162255		Amount of Each Receipt this Period 500.00
City Austin	State TX	Zip Code 78716
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED	
Occupation RETIRED		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHARLES L ROMERO</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2013 <b>Transaction ID : SA11AI.18178</b>
Mailing Address 8160 CROW CANYON RD		Amount of Each Receipt this Period 250.00
City CASTRO VALLEY	State CA	Zip Code 94552
FEC ID number of contributing federal political committee. C	Name of Employer RODAK PLASTICS INC	
Occupation MOLD MAKER		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CHARLES L ROMERO</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2013 <b>Transaction ID : SA11AI.18177</b>
Mailing Address 8160 CROW CANYON RD		Amount of Each Receipt this Period 250.00
City CASTRO VALLEY	State CA	Zip Code 94552
FEC ID number of contributing federal political committee. C	Name of Employer RODAK PLASTICS INC	
Occupation MOLD MAKER		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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: (check only one)	PAGE 47 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. MICHAEL RONCA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1652 DEY COVE DRIVE

City VIRGINIA BEACH State VA Zip Code 23454

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

Name of Employer OLD VIRGINIA MORTGAGE, INC. Occupation MORTGAGE BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 18 / 2013  
**Transaction ID : SA11AI.18183**

Amount of Each Receipt this Period 1000.00

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

Mailing Address 6670 RIVIERA DR

City CORAL GABLES State FL Zip Code 33146

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 10 / 2013  
**Transaction ID : SA11AI.18344**

Amount of Each Receipt this Period 2500.00

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

Mailing Address 6670 RIVIERA DR

City CORAL GABLES State FL Zip Code 33146

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 06 / 20 / 2013  
**Transaction ID : SA11AI.18343**

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. SHIRLEE SCHAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address N1881 HILLVIEW DR

City LA CROSSE State WI Zip Code 54601

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 14 / 2013**

**Transaction ID : SA11AI.18521**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 4882 EXETER ESTATE LN # 44

City LAKE WORTH State FL Zip Code 33449

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

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2013**

**Transaction ID : SA11AI.18527**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 13850 COUNTY ROAD L

City PERRYTON State TX Zip Code 79070

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

Name of Employer: **SELF-EMPLOYED** Occupation: **FARMING**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 11 / 2013**

**Transaction ID : SA11AI.18617**

Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<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: (check only one)	PAGE 49 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. THOMAS SCHWEIZER**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 CYRIL DR

City HUNTINGTON State NY Zip Code 11743

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2013

**Transaction ID : SA11AI.18690**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 5066 ROCKAWAY BEACH RD NE

City BAINBRIDGE IS State WA Zip Code 98110

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2013

**Transaction ID : SA11AI.18743**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 4800 FILLMORE AVE APT 603

City ALEXANDRIA State VA Zip Code 22311

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2013

**Transaction ID : SA11AI.18941**

Amount of Each Receipt this Period  
 30.00

**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: (check only one)	PAGE 50 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. ANNA M SIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 SANDY LAKE RD

City ENGLEWOOD State CO Zip Code 80113

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **05 / 09 / 2013**

**Transaction ID : SA11Al.18983**

Amount of Each Receipt this Period: **5000.00**

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

Mailing Address 18795 SE RIVER RIDGE RD

City JUPITER State FL Zip Code 33469

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

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **06 / 17 / 2013**

**Transaction ID : SA11Al.18987**

Amount of Each Receipt this Period: **500.00**

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

Mailing Address 190 E 72ND ST

City NEW YORK State NY Zip Code 10021

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

Name of Employer: **NEWS AMERICA INC** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **06 / 17 / 2013**

**Transaction ID : SA11Al.18995**

Amount of Each Receipt this Period: **5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10500.00</b>
<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: (check only one)	PAGE 51 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. CHRISTOPHER SILVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 15326 BRAUN COURT

City MOORPARK State CA Zip Code 93021

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

Name of Employer GOLD COAST BISON, LLC Occupation RANCHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : SA11AI.19013**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 546 CONNORS LN

City STRATFORD State CT Zip Code 06614

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : SA11AI.19044**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 2802 CANAL DR

City PANAMA CITY State FL Zip Code 32405

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2013  
**Transaction ID : SA11AI.19057**

Amount of Each Receipt this Period  
 250.00

<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: (check only one)	PAGE 52 OF 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2013**  
**Transaction ID : SA11AI.19219**  
 Amount of Each Receipt this Period  
**250.00**

**B. GENE S SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 S BRENTWOOD BLVD APT 17D  
 City SAINT LOUIS State MO Zip Code 63105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 14 / 2013**  
**Transaction ID : SA11AI.19183**  
 Amount of Each Receipt this Period  
**250.00**

**C. HELEN SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 221051  
 City SAINT LOUIS State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
**06 / 24 / 2013**  
**Transaction ID : SA11AI.19146**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<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 53 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. LOWELL SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 572 COUNTY ROAD 471  
 City CLANTON State AL Zip Code 35046  
 FEC ID number of contributing federal political committee. C  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11Al.19176**  
 Amount of Each Receipt this Period  
 500.00

**B. MABELLE JEAN SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8545 MISSION GORGE RD SPC 207  
 City SANTEE State CA Zip Code 92071  
 FEC ID number of contributing federal political committee. C  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 23 / 2013  
**Transaction ID : SA11Al.19178**  
 Amount of Each Receipt this Period  
 500.00

**C. RICHARD L SPLITTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4538 S HARVARD AVE  
 City SPRINGFIELD State MO Zip Code 65804  
 FEC ID number of contributing federal political committee. C  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11Al.19385**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. ROBERT SPUHLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 224 MEADOW LN

City GLENWOOD SPRINGS State CO Zip Code 81601

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2013  
**Transaction ID : SA11AI.19398**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3280 GRANVIEW RD

City GRANVILLE State OH Zip Code 43023

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : SA11AI.19461**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address PO BOX 199

City UPPERVILLE State VA Zip Code 20185

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

Name of Employer CATAWBA CORPORATION Occupation PARTNER

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  
 06 / 12 / 2013  
**Transaction ID : SA11AI.19508**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<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: (check only one)	PAGE 55 OF 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. PHILIP STONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1840 N PROSPECT AVE APT 211  
 City MILWAUKEE State WI Zip Code 53202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2013  
**Transaction ID : SA11AI.19659**  
 Amount of Each Receipt this Period  
 1000.00

**B. MARY N STULTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 262 DEERFIELD CIR  
 City KINGWOOD State WV Zip Code 26537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2013  
**Transaction ID : SA11AI.19751**  
 Amount of Each Receipt this Period  
 500.00

**C. STANLEY TATE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1175 NE 125TH ST STE 102  
 City NORTH MIAMI State FL Zip Code 33161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TATE ENTERPRISES Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2013  
**Transaction ID : SA11AI.19941**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 56 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. GEORGE M THELEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35380 E BOOT LAKE RD  
 City State Zip Code  
 PARK RAPIDS MN 56470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2013  
**Transaction ID : SA11AI.20034**  
 Amount of Each Receipt this Period  
 250.00

**B. RAYMOND G TOBIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 710218  
 City State Zip Code  
 SAN DIEGO CA 92171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : SA11AI.20165**  
 Amount of Each Receipt this Period  
 500.00

**C. RAYMOND G TOBIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 710218  
 City State Zip Code  
 SAN DIEGO CA 92171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.20163**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. RAYMOND G TOBIN</b>		Date of Receipt
Mailing Address PO BOX 710218		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN DIEGO	CA	92171
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.20164</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DAVID MILTON UNDERWOOD</b>		Date of Receipt
Mailing Address 3645 WILLOWICK RD		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
HOUSTON	TX	77019
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.20392</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WELLS FARGO ADVISORS LLC	FINANCIAL ADVISOR	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. NORMA VANKUIKEN</b>		Date of Receipt
Mailing Address 6802 FOX MEADOW LN SE		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
ADA	MI	49301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.20485</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 58 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. JOHN C WALLACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4153 COUNTRY CLUB DR  
 City State Zip Code  
 LONG BEACH CA 90807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.20698**  
 Amount of Each Receipt this Period  
 250.00

**B. MICHAEL WALLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 PICARDY HILL DR  
 City State Zip Code  
 CHESTERFIELD MO 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2013  
**Transaction ID : SA11AI.20706**  
 Amount of Each Receipt this Period  
 350.00

**C. JEAN WARREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2410 NW GRAND CIR  
 City State Zip Code  
 OKLAHOMA CITY OK 73116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2013  
**Transaction ID : SA11AI.20797**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. MAREEN WATERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 WATERMAN WAY

City QUEENSTOWN State MD Zip Code 21658

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : SA11AI.20808**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 3852 TERRA GRANADA DR APT 28

City WALNUT CREEK State CA Zip Code 94595

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013  
**Transaction ID : SA11AI.20963**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 46 HARTURA WAY

City HOT SPRINGS VILLAGE State AR Zip Code 71909

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2013  
**Transaction ID : SA11AI.21356**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. MARILYN M WOODHOUSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 650 RAMBLEWOOD RD

City HOUSTON State TX Zip Code 77079

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013

**Transaction ID : SA11AI.21433**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 10942 N PUSCH RIDGE VISTAS DR

City TUCSON State AZ Zip Code 85737

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2013

**Transaction ID : SA11AI.21467**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 8463 CASTLEWOOD DR

City INDIANAPOLIS State IN Zip Code 46250

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

Name of Employer ROYAL PIN LIESURE CENTERS Occupation PRESIDENT

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  
 05 / 03 / 2013

**Transaction ID : SA11AI.21491**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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 61 OF 86  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
**RYAN WYNNIS**

Mailing Address 24 MATTOO ST

City State Zip Code  
SPRINGFIELD MA 01105

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : SA11AI.21507**

Amount of Each Receipt this Period  
250.00

**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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	99275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 86
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. AFGHANISTAN & IRAQ VETERANS FOR CONGRESS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 STONY BROOK  
 City State Zip Code  
 FISHKILL NY 12524  
 FEC ID number of contributing federal political committee. **C** C00459412  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2013  
**Transaction ID : SA11C.21665**  
 Amount of Each Receipt this Period  
 7500.00

**B. AFGHANISTAN & IRAQ VETERANS FOR CONGRESS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 STONY BROOK  
 City State Zip Code  
 FISHKILL NY 12524  
 FEC ID number of contributing federal political committee. **C** C00459412  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 9000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11C.21664**  
 Amount of Each Receipt this Period  
 1500.00

**C. SURPRISE TEA PARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14465 W R H JOHNSON BLVD  
 City State Zip Code  
 SUN CITY WEST AZ 85375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 710.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : SA11C.7718**  
 Amount of Each Receipt this Period  
 710.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9710.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9710.00

**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

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

NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ACCULINK**

Mailing Address 1055 GREENVILLE BLVD SW

City GREENVILLE State NC Zip Code 27833

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2013

Transaction ID : SB21B.7699

Amount of Each Disbursement this Period

1200.00
---------

Full Name (Last, First, Middle Initial)

**B. BASE CONNECT, INC.**

Mailing Address 1155 15ST STREET NW  
STE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2013

Transaction ID : SB21B.7679

Amount of Each Disbursement this Period

7682.31
---------

Full Name (Last, First, Middle Initial)

**C. BASE CONNECT, INC.**

Mailing Address 1155 15ST STREET NW  
STE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2013

Transaction ID : SB21B.7700

Amount of Each Disbursement this Period

801.06
--------

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

9683.37
---------

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BASE CONNECT, INC.**

Mailing Address 1155 15ST STREET NW  
STE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2013

Transaction ID : **SB21B.7708**

Amount of Each Disbursement this Period

13478.25

Full Name (Last, First, Middle Initial)

**B. BATTLE PLAN STRATEGIES**

Mailing Address 732 MALTA AVE EXT

City BALLSTON SPA State NY Zip Code 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

Transaction ID : **SB21B.7617**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. BATTLE PLAN STRATEGIES**

Mailing Address 732 MALTA AVE EXT

City BALLSTON SPA State NY Zip Code 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2013

Transaction ID : **SB21B.7621**

Amount of Each Disbursement this Period

5000.00

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

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

20478.25



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BATTLE PLAN STRATEGIES**

Mailing Address 732 MALTA AVE EXT

City State Zip Code  
BALLSTON SPA NY 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2013

Transaction ID : SB21B.7624

Amount of Each Disbursement this Period

2000.00

**B. BATTLE PLAN STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 732 MALTA AVE EXT

City State Zip Code  
BALLSTON SPA NY 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2013

Transaction ID : SB21B.7625

Amount of Each Disbursement this Period

5000.00

**C. BATTLE PLAN STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 732 MALTA AVE EXT

City State Zip Code  
BALLSTON SPA NY 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2013

Transaction ID : SB21B.7626

Amount of Each Disbursement this Period

1300.00

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

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

8300.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BATTLE PLAN STRATEGIES**

Mailing Address 732 MALTA AVE EXT

City State Zip Code  
BALLSTON SPA NY 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2013

Transaction ID : SB21B.7627

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. BATTLE PLAN STRATEGIES**

Mailing Address 732 MALTA AVE EXT

City State Zip Code  
BALLSTON SPA NY 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2013

Transaction ID : SB21B.7629

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. BATTLE PLAN STRATEGIES**

Mailing Address 732 MALTA AVE EXT

City State Zip Code  
BALLSTON SPA NY 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2013

Transaction ID : SB21B.7612

Amount of Each Disbursement this Period

6460.00

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

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

13960.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BATTLE PLAN STRATEGIES**

Mailing Address 732 MALTA AVE EXT

City BALLSTON SPA State NY Zip Code 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.7613

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BATTLE PLAN STRATEGIES**

Mailing Address 732 MALTA AVE EXT

City BALLSTON SPA State NY Zip Code 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.7614

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BATTLE PLAN STRATEGIES**

Mailing Address 732 MALTA AVE EXT

City BALLSTON SPA State NY Zip Code 12020

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.7618

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

**A. BOWDITCH AND DEWEY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE INTERNATIONAL PLACE  
44TH FLOOR

City BOSTON State MA Zip Code 02110

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 01 / 2013

Transaction ID : **SB21B.7623**

Amount of Each Disbursement this Period: 2000.00

**B. BOWDITCH AND DEWEY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE INTERNATIONAL PLACE  
44TH FLOOR

City BOSTON State MA Zip Code 02110

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 21 / 2013

Transaction ID : **SB21B.7628**

Amount of Each Disbursement this Period: 1000.00

**C. BOWDITCH AND DEWEY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE INTERNATIONAL PLACE  
44TH FLOOR

City BOSTON State MA Zip Code 02110

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 24 / 2013

Transaction ID : **SB21B.7630**

Amount of Each Disbursement this Period: 1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING CORPORATION**

Mailing Address 504 SHAW ROAD  
SUITE 217

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2013

Transaction ID : SB21B.7713

Amount of Each Disbursement this Period

1713.30

Full Name (Last, First, Middle Initial)

**B. CENTURY DATA MAILING SERVICE**

Mailing Address 1155 15ST STREET NW  
STE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2013

Transaction ID : SB21B.7681

Amount of Each Disbursement this Period

11320.05

Full Name (Last, First, Middle Initial)

**C. CENTURY DATA MAILING SERVICE**

Mailing Address 1155 15ST STREET NW  
STE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2013

Transaction ID : SB21B.7690

Amount of Each Disbursement this Period

3323.82

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

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

16357.17

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CENTURY DATA MAILING SERVICE**

Mailing Address 1155 15ST STREET NW  
STE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2013

Transaction ID : SB21B.7701

Amount of Each Disbursement this Period

7055.83

Full Name (Last, First, Middle Initial)

**B. CENTURY DATA MAILING SERVICE**

Mailing Address 1155 15ST STREET NW  
STE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 21 / 2013

Transaction ID : SB21B.7715

Amount of Each Disbursement this Period

7008.65

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW ROAD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2013

Transaction ID : SB21B.7683

Amount of Each Disbursement this Period

8564.83

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

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

22629.31

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW ROAD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2013

Transaction ID : SB21B.7691

Amount of Each Disbursement this Period

7613.11

Full Name (Last, First, Middle Initial)

**B. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW ROAD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2013

Transaction ID : SB21B.7697

Amount of Each Disbursement this Period

4385.00

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW ROAD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2013

Transaction ID : SB21B.7702

Amount of Each Disbursement this Period

21634.01

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

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

33632.12

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2013

Mailing Address 504 SHAW ROAD  
SUITE 206

**Transaction ID : SB21B.7706**

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

935.20
--------

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2013

Mailing Address 504 SHAW ROAD  
SUITE 206

**Transaction ID : SB21B.7707**

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

8992.46
---------

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2013

Mailing Address 504 SHAW ROAD  
SUITE 206

**Transaction ID : SB21B.7709**

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

2046.19
---------

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

11973.85
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2013

Mailing Address 504 SHAW ROAD  
SUITE 206

**Transaction ID : SB21B.7714**

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

1456.98
---------

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2013

Mailing Address 504 SHAW ROAD  
SUITE 206

**Transaction ID : SB21B.7716**

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

5294.65
---------

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CONTINENTAL DIVIDE INT LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2013

Mailing Address 409 WEST 2ND STREET

**Transaction ID : SB21B.7611**

City WHITEFISH State MT Zip Code 59937

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
STRATEGY CONSULTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

11751.63
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CONTINENTAL DIVIDE INT LLC**

Mailing Address 409 WEST 2ND STREET

City WHITEFISH State MT Zip Code 59937

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2013

**Transaction ID : SB21B.7615**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. DONORBUREAU**

Mailing Address 1900 N CULPEPER STREET

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2013

**Transaction ID : SB21B.7685**

Amount of Each Disbursement this Period

812.22

Full Name (Last, First, Middle Initial)

**C. DONORBUREAU**

Mailing Address 1900 N CULPEPER STREET

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2013

**Transaction ID : SB21B.7692**

Amount of Each Disbursement this Period

930.29

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

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

3242.51

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PARKER FAWSON JR**

Mailing Address 2732 N 1400 E

City State Zip Code  
LOGAN UT 84341

Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2013

**Transaction ID : SB21B.7620**

Amount of Each Disbursement this Period

610.00
--------

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2013

**Transaction ID : SB21B.7703**

Amount of Each Disbursement this Period

311.37
--------

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2013

**Transaction ID : SB21B.7704**

Amount of Each Disbursement this Period

865.36
--------

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

1786.73
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	3

Transaction ID : SB21B.7705

Amount of Each Disbursement this Period

1	0	3	.	5	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. LEGACY LISTS, INC. - BROKERAGE**

Mailing Address 1155 15ST STREET NW  
STE 410

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

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
0	5		0	9		2	0	1	3

Transaction ID : SB21B.7687

Amount of Each Disbursement this Period

2	7	6	.	2	7	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. LEGACY LISTS, INC. - BROKERAGE**

Mailing Address 1155 15ST STREET NW  
STE 410

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

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
0	5		2	3		2	0	1	3

Transaction ID : SB21B.7693

Amount of Each Disbursement this Period

3	4	7	.	1	3
---	---	---	---	---	---

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

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

6	3	4	.	3	8
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LEGACY LISTS, INC. - MANAGEMENT**

Mailing Address 1155 15ST STREET NW  
STE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2013

Transaction ID : SB21B.7689

Amount of Each Disbursement this Period

1615.23

Full Name (Last, First, Middle Initial)

**B. LEGACY LISTS, INC. - MANAGEMENT**

Mailing Address 1155 15ST STREET NW  
STE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2013

Transaction ID : SB21B.7694

Amount of Each Disbursement this Period

1027.25

Full Name (Last, First, Middle Initial)

**C. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013

Transaction ID : SB21B.7654

Amount of Each Disbursement this Period

19.15

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

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

2661.63

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2013

Transaction ID : SB21B.7655

Amount of Each Disbursement this Period

4.06

Full Name (Last, First, Middle Initial)

**B. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

Transaction ID : SB21B.7656

Amount of Each Disbursement this Period

1.58

Full Name (Last, First, Middle Initial)

**C. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2013

Transaction ID : SB21B.7657

Amount of Each Disbursement this Period

4.50

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

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

10.14

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2013

Transaction ID : SB21B.7658

Amount of Each Disbursement this Period

42.09

Full Name (Last, First, Middle Initial)

**B. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2013

Transaction ID : SB21B.7659

Amount of Each Disbursement this Period

73.39

Full Name (Last, First, Middle Initial)

**C. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2013

Transaction ID : SB21B.7660

Amount of Each Disbursement this Period

13.07

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

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

128.55

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7661**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7662**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7663**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. PIRYX INC</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2013
Mailing Address 144 2ND STREET 1ST FLOOR		<b>Transaction ID : SB21B.7664</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Amount of Each Disbursement this Period 1.58
Candidate Name	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) <b>B. PIRYX INC</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2013
Mailing Address 144 2ND STREET 1ST FLOOR		<b>Transaction ID : SB21B.7665</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Amount of Each Disbursement this Period 16.66
Candidate Name	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) <b>C. PIRYX INC</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2013
Mailing Address 144 2ND STREET 1ST FLOOR		<b>Transaction ID : SB21B.7666</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement MERCHANT FEES	Amount of Each Disbursement this Period 9.00
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	27.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2013

Transaction ID : SB21B.7667

Amount of Each Disbursement this Period

1.58

Full Name (Last, First, Middle Initial)

**B. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

Transaction ID : SB21B.7668

Amount of Each Disbursement this Period

3.15

Full Name (Last, First, Middle Initial)

**C. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2013

Transaction ID : SB21B.7669

Amount of Each Disbursement this Period

2.25

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

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

6.98

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2013

Transaction ID : SB21B.7670

Amount of Each Disbursement this Period

4.50

Full Name (Last, First, Middle Initial)

**B. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2013

Transaction ID : SB21B.7671

Amount of Each Disbursement this Period

7.21

Full Name (Last, First, Middle Initial)

**C. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2013

Transaction ID : SB21B.7672

Amount of Each Disbursement this Period

18.90

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

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

30.61

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.7673**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.7674**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.7675**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

Transaction ID : SB21B.7676

Amount of Each Disbursement this Period

4.50

Full Name (Last, First, Middle Initial)

**B. PIRYX INC**

Mailing Address 144 2ND STREET  
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2013

Transaction ID : SB21B.7677

Amount of Each Disbursement this Period

4.50

Full Name (Last, First, Middle Initial)

**C. SCOTT HOMMEL - PETTY CASH**

Mailing Address 336 WEST 2ND STREET

City WHITEFISH State MT Zip Code 59937

Purpose of Disbursement  
PETTY CASH/OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2013

Transaction ID : SB21B.7634

Amount of Each Disbursement this Period

206.15

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

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

215.15

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SIMPKINS ESCROW LLC**

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2013

Transaction ID : SB21B.7711

Amount of Each Disbursement this Period

452.95

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

452.95

181686.00