

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Security Is Strength PAC

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="2016"/>	<input type="text" value="250598.06"/>	<input type="text" value="250598.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="294857.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="125000.00"/>	<input type="text" value="180000.00"/>
(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="419857.53"/>	<input type="text" value="430598.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="129392.29"/>	<input type="text" value="140132.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="290465.24"/>	<input type="text" value="290465.24"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="9990.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Security Is Strength PAC

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

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).....	125000.00	130000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	125000.00	130000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	50000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	125000.00	180000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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))..... ▶	125000.00	180000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	125000.00	180000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	8392.29	19036.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8392.29	19036.34
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)	121000.00	121000.00
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	96.48
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)) ..	129392.29	140132.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	129392.29	140132.82

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)	125000.00	180000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	125000.00	180000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8392.29	19036.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8392.29	19036.34

**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 13
(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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)
A. Freedom Frontier

Mailing Address 2101 Cedar Springs Rd.
Suite 1050

City State Zip Code
Dallas TX 75201

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016
Transaction ID : SA11AI.5062

Amount of Each Receipt this Period
25000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. Thomas E. McInerney

Mailing Address 2 Manitou Ct.

City State Zip Code
Westport CT 06880

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

Name of Employer Occupation
Bluff Point Assoc. Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : SA11AI.5063

Amount of Each Receipt this Period
100000.00

Memo Item
Contribution

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

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125000.00
TOTAL This Period (last page this line number only).....▶	125000.00

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5064

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5064.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5064.1

Amount of Each Disbursement this Period

Memo Item

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.5064

The remaining \$163.90 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule:

Transaction ID:

**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)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 60 Massachusetts Ave. NE
4th Fl. West

City Washington State DC Zip Code 20002

Purpose of Disbursement
Meals expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5064.2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. New York Marriot Marquis

Mailing Address 1535 Broadway

City New York State NY Zip Code 10036

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5064.3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew King

Mailing Address 6950 Greenvale St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement
General campaign consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5081

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

Full Name (Last, First, Middle Initial)

A. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Legal fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5079

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 13
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Security Is Strength PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MH Media, LLC	Nature of Debt (Purpose): Radio buy overcharge
Mailing Address 282 35th Street	
City State Zip Code Avalon NJ 08202	

Outstanding Balance Beginning This Period 9990.00	Transaction ID : SD9.5026	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9990.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	9990.00
2) TOTALS This Period (last page this line number only)..... ▶	9990.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	9990.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ C C00573733
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 3900 Willow St., Ste. 200	Amount 86000.00
City State Zip Code Dallas TX 75226	Transaction ID : SE.5071 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 26 / 2016
Purpose of Expenditure TV advertising (placement) Category/Type 004	Name of Federal Candidate Kelly A. Ayotte <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Kelly A. Ayotte	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 86000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2016
Mailing Address 3900 Willow St., Ste. 200	Amount 10000.00
City State Zip Code Dallas TX 75226	Transaction ID : SE.5072 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 26 / 2016
Purpose of Expenditure TV advertising (production) Category/Type 004	Name of Federal Candidate Kelly A. Ayotte <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Kelly A. Ayotte	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 96000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	96000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William L. Bethea Jr. [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 14 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Security Is Strength PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00573733 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item Scott Howell & Company	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 06 / 2016 </div>
Mailing Address 3900 Willow St., Ste. 200	Amount <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 14980.00 </div>
City State Zip Code Dallas TX 75226	Transaction ID : SE.5074 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 05 / 04 / 2016 </div>
Purpose of Expenditure TV advertising (placement)	Category/Type 004
Name of Federal Candidate Kelly A. Ayotte	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 110980.00 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Scott Howell & Company	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 05 / 06 / 2016 </div>
Mailing Address 3900 Willow St., Ste. 200	Amount <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 10020.00 </div>
City State Zip Code Dallas TX 75226	Transaction ID : SE.5075 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 05 / 04 / 2016 </div>
Purpose of Expenditure TV advertising (placement)	Category/Type 004
Name of Federal Candidate Kelly A. Ayotte	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 121000.00 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 25000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 121000.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William L. Bethea Jr.
 Signature

[Electronically Filed] Date
M M M M / D D D D / Y Y Y Y Y Y
 07 / 14 / 2016